

**AUTHORIZATION TO RELEASE DOCUMENTS REQUEST FORM**

DATE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

TYPE OF CASE:           D.H.S.

FINS

DELINQUENCY

CHILD'S NAME: \_\_\_\_\_

PERSON REQUESTING: \_\_\_\_\_

RELATIONSHIP TO THE MATTER: \_\_\_\_\_

DOCUMENT REQUESTED: \_\_\_\_\_

PURPOSE FOR REQUEST: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF REQUESTING PARTY

\_\_\_\_\_  
DATE

Sworn and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES:  
\_\_\_\_\_

APPROVED BY:

\_\_\_\_\_  
HONORABLE EARNEST E. BROWN, JR

VERIFIED BY:

\_\_\_\_\_  
NAME/TITLE