

AUTHORIZATION FOR RELEASE OF INFORMATION

Summit County Children Services is hereby

granted my permission to release to _____

Such information as may be necessary regarding: **FOSTER HOME LICENSING**

and **FOSTER HOME EXPERIENCE AND SERVICE** in reference to:

(Name)

(Address)

Specific information to be released includes:

1. A copy of the current license
2. The original homestudy
3. Most recent adoption update
4. Summaries of rules and violations
5. Impressions of this foster home

NOTE: As required by Section 2.32 (a) Prohibition on Rediscovery of patients and/or persons being identified as an individual who abused alcohol or drugs. "This information has been disclosed to you from the records whose confidentiality is protected by Federal Law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to Whom it pertains, or as otherwise permitted by such regulations. A general authorization for release of medical or other information is NOT sufficient for this purpose".

Signature of Parent #1 *Date*

Signature of Parent #2 *Date*

Signature of Witness *Date*

Please return requested documentation to: Lisa Stockwell
 Placement Services Support
 Summit County Children Services
 264 South Arlington Street
 Akron, OH 44306
 (330) 379-2020

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