



CENTRAL OHIO YOUTH CENTER

Serving Champaign, Delaware, Madison and Union Counties

18100 State Route 4

Marysville, Ohio 43040

Tel. (937) 642-1015

Fax: (937) 642-5900

NATALIE LANDON, Superintendent

AUTHORIZATION TO OBTAIN/RELEASE INFORMATION

NOTE: AS REQUIRED BY SECTION 2.32(a) PROHIBITION ON REDISCLOSURE RULES

THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY FEDERAL LAW. FEDERAL REGULATIONS (2 CFR PART 2) PROHIBIT YOU FROM MAKING ANY FURTHER DISCLOSURE OF IT WITHOUT SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION IS NOT SUFFICIENT FOR THIS PURPOSE. THE FEDERAL RULES RESTRICT ANY USE OF THE INFORMATION TO CRIMINALLY INVESTIGATE OR PROSECUTE ANY JUVENILE.

CENTRAL OHIO YOUTH CENTER, 18100 State Route 4 North, Marysville, Ohio 43040, IS HEREBY GRANTED MY PERMISSION TO EXCHANGE OR RELEASE TO:

Full name of person, institution or agency _____ Phone: _____

Street address _____

City _____ State _____ Zip Code _____

SUCH INFORMATION AS MAY BE NECESSARY REGARDING THE TREATMENT OF:

Print/Type Full name of juvenile _____ D.O.B. _____

Purpose of need for disclosure: _____

SPECIFIC INFORMATION TO BE DISCLOSED: _____

This consent to disclosure may be revoked by me at any time except to the extent that action has been taken in reliance thereon.

This consent (unless expressly revoked earlier) expires on: _____
(up to 180 days from release date)

I AM GIVING THIS CONSENT VOLUNTARILY, AND I UNDERSTAND THAT THE PROVISION OF SERVICE AT COYC IS NOT CONTINGENT UPON MY SIGNING OF THIS RELEASE FORM.

Signature of client: _____

Signature of Person Authorized to Consent: _____

Relationship: _____

Witness Signature: _____

Signature of Staff Member Releasing Information: _____

Dates Records were released: _____