



**AUTHORITY TO RELEASE AND RECEIVE LEGAL INFORMATION;
TEST RESULTS; AND HAVE TWO WAY VERBAL COMMUNICATION**

I, hereby authorize Laura Cass, Attorney at Law, with whom I am working with in terms of her serving as a Court Appointed Guardian Ad Litem for my child(ren), to have a two way release of all records and information, including any confidential material regarding myself and/or my children; legal information, and test results with:

Provider Name: _____

Provider Contact Information: _____

By signing this Release, I hereby hold harmless and indemnify Laura Cass, Attorney at Law, and the above named person and his agents or representatives harmless for any communications effected by the release to and from the above named parties. A photostatic or facsimile copy of this authorization, which contains my signature, shall be considered as effective and valid as the original, and shall be honored by those to whom it is sent. This release will expire in one (1) year from today's date or immediately at any point that I choose to submit in writing to Laura Cass, Attorney at Law, a cancellation of this release.

SIGNATURE

PRINTED NAME AND DOB

DATED