

AUTHORIZATION

I, _____, hereby authorize Court Appointed Special Advocates of New Hampshire, Inc. ("CASA") to speak with the following named professional(s) in connection with my son/daughter's (_____)’s

_____ mental health treatment _____ medical care

_____ other (_____)

Name

Organization

I also authorize the release of the following record(s) pertaining to my son/daughter to CASA:

_____ mental health _____ medical care

_____ other (_____)

I understand the above-noted information will be used for the limited purposes of assisting the CASA Guardian ad Litem in making child-based assessments and recommendations to the court.

Signature

Date

Street Address

City, State, Zip Code