

CONSENT TO AUTHORIZE ADVOCACY AND RELEASE OF INFORMATION

I, _____ hereby authorize Community Mental Health to release/ exchange information with my parents, _____, which pertains to my services, programs and living situation. I also wish that my parents be invited to any and all meetings about me, and I do not want any decisions made without their input. If CMH has any documents I need to sign, my parents must sign first to acknowledge their receipt of these documents and their concurrence with them, before I will sign. This authorization, unless otherwise revoked by me, is intended to remain in effect for the duration of time I receive mental health services, etc. or until I revoke this authorization, whichever comes first.

(name)

(date)

CONSENT TO AUTHORIZE ADVOCACY AND RELEASE OF INFORMATION

I, _____, hereby authorize
_____ Schools to release / exchange
information with my parents, _____
_____, which pertains to my school
program and placement. I also wish that my parents be invited to
any and all meetings about me, and I do not want any decisions
made without their input. If the schools have any documents I
need to sign, my parents must sign first, before I will sign. This
authorization, unless otherwise revoked by me, is intended to
remain in effect for the duration of time I receive special
education services or until my twenty-seventh birthday,
whichever comes first.

(name)

(date)