



**AUTHORIZATION TO RELEASE
INFORMATION**

Parent or guardian should complete this page:

I _____ (print name) do hereby authorize
Leading Thunderbird Lodge Youth Treatment Center to obtain information about my
child _____
(name of youth)

from court workers, parole or probation officers, social workers, medical or psychiatric practitioners, educators or other relevant professionals.

This consent is given from the date of signing and until 1 year from discharge or completion of the program. I am also consenting for Leading Thunderbird Lodge to release such information, only as necessary, to other agencies, when required by law.

Signature: _____

Date: _____

Witness: _____