



# CONSENT FOR RELEASE OF INFORMATION

\_\_\_\_\_  
Youth's Last Name (print)      First Name      DYS #      Date of Birth

I give my permission for the Department of Youth Services to share information with the following agency or individual.

\_\_\_\_\_  
Name of agency or individual      Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City      State      Zip Code      Fax Number

Check each kind of information you are authorizing DYS to share.  
Check any one or more of the following that you want to be released.

- |   |   |
|---|---|
| <input type="checkbox"/> Assessment Packet                      | <input type="checkbox"/> Reentry Plan   |
| <input type="checkbox"/> Disciplinary Record                    | <input type="checkbox"/> Relapse Prevention Plans                                     |
| <input type="checkbox"/> Disposition Investigation Report (DIR) | <input type="checkbox"/> Release Reviews  |
| <input type="checkbox"/> Immunization Record                    | <input type="checkbox"/> Rules of Parole  |
| <input type="checkbox"/> Individualized Education Plans (IEP)   | <input type="checkbox"/> Special Management Plan                                      |
| <input type="checkbox"/> Movement Summary                       | <input type="checkbox"/> Substance Abuse Related Diagnosis & Treatment                |
| <input type="checkbox"/> Multi-factored Evaluation (MFE)        | <input type="checkbox"/> Transcript/Diploma/GED                                       |
| <input type="checkbox"/> Offense History                        | <input type="checkbox"/> Health Record (Dated _____)                                  |
| <input type="checkbox"/> Ohio Youth Assessment (OYAS)           | <input type="checkbox"/> Integrated Treatment Plan/Unified Case Plan (UCP)/Case Notes |
| <input type="checkbox"/> Psychological/Psychiatric Evaluations  | <input type="checkbox"/> Governmental Entities  |
| <input type="checkbox"/> Reception Assessment Summary           | <input type="checkbox"/> Other (specify) _____  |

"I, \_\_\_\_\_, DYS # \_\_\_\_\_, understand that this Consent for Release of Information shall remain valid while I am in the care and custody of the Ohio Department of Youth Services. If I want the Consent for Release of Information to serve for a shorter period, I must write in another date below. I also understand that I can cancel this Consent for Release of Information at any time in writing with the date and my signature. I understand that any information that was already sent cannot be cancelled."

This consent expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Day      Month      Year

\_\_\_\_\_  
Youth's Signature      Date Signed

\_\_\_\_\_  
Signature of Parent/Guardian (if applicable)      Date Signed

\_\_\_\_\_  
Signature of Witness/Agency Representative      Date Signed

Please note: if a youth and/or parent signature (if applicable) is not provided, a court-order/subpoena is required.