

Superior Court of California County of Trinity

AUTHORIZATION FOR RELEASE OF INFORMATION

I,	GIVE MY PERMISSION TO
RELEASE ANY AND ALL RECORDS, RE	ELATED TO MEDICAL,
COUNSELING OR PSYCHOLOGICAL SE	ERVICES, CHILD
PROTECTIVE SERVICES, POLICE/SHER	RIFF'S REPORTS, OR
SCHOOL RECORDS, TO BE REVIEWED	BY STACY BURGESS, MEd and/or
FAMILY COURT SERVICES STAFF UPO	ON THEIR REQUEST. I ALSO
GIVE MY PERMISSION TO DISCUSS AN	NY INFORMATION PERTAINING
TO MY CASE. I UNDERSTAND THAT T	THIS RELEASE IS EFFECTIVE FOR ONE YEAR
AND WILL EXPIRE A YEAR FROM THE	E DATE IT IS SIGNED.
(PRINT FULL NAME)	
(SIGNATURE)	DATE:
WITNIECC.	DATE.