



## Chop's Teen Club Authorization for Release

I hereby consent and authorize information relevant to Chop's Teen will be exchanged as related to the table below.

I, \_\_\_\_\_, authorize the exchange of information and/or photographs that may pertain to me with the following partnering agencies as indicated below.

Information Release Authorization	Program/Agency
Yes <input type="checkbox"/> No <input type="checkbox"/>	Sonoma County Youth Program including <ul style="list-style-type: none"><li>• Boys &amp; Girls Clubs</li><li>• Catholic Charities</li><li>• Community Action Partnership</li><li>• City of Santa Rosa</li><li>• Life Works</li><li>• Restorative Resources</li><li>• Social Advocates for Youth</li><li>• Sonoma County Human Services Department</li><li>• YMCA</li><li>• YWCA</li><li>• Other Sonoma County Departments &amp; Districts, as needed</li></ul>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Sonoma County Office of Education and local school districts for academic records
Yes <input type="checkbox"/> No <input type="checkbox"/>	Counselor: _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	Psychiatrist: _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Worker or Case Manager: _____

I understand that the above named agencies or programs will not disclose information regarding my case without a valid release from me. I understand this release will expire when the program services, program follow-up, and program evaluation have been completed.

I understand that I am entitled to receive a copy of this signed authorization.

Participant Name: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_