

Mary Haven Youth Center
Release or Exchange of Personal Information

I, the undersigned, do hereby consent to the release and/or exchange of the any information including but not limited to: medical, psychological, emotional, social records regarding _____ to the Mary Haven Youth Center. This information may be obtained by, and/or release to, the staff of other allied agencies with similar policies of confidentiality. Such information is used in the best interest and for the well being of the above mentioned child at the discretion of the Mary Haven Youth Center Staff in agreement with the Warren County Juvenile Court.

Parent/Guardian

Date

Witness

Release or Exchange of Education Information

I, the undersigned, do hereby consent to the release or exchange of educational information, including but not limited to school records, grades, I.E.P.s, school psychological records, attendance records, school counseling records, etc., regarding _____ to the Mary Haven Youth Center. This information may be obtained by, and/or released to, the staff of other agencies with similar policies of confidentiality, including other schools in which the above mentioned juvenile may be involved. Such information is used in the best interest and for the well being of the above mentioned child at the discretion of the Mary Haven Youth Center Staff in agreement with the Warren County Juvenile Court.

Parent/Guardian

Date

Witness