



**RELEASE OF INFORMATION FORM  
For Youth Age 18 and Older**

**Youth's Name:** \_\_\_\_\_ **DJJ ID #:** \_\_\_\_\_

As the above named youth, I give my permission for the Department of Juvenile Justice staff to permit my parent, family member or significant other to receive information and attend meetings regarding my program and intervention needs relating to my preparation and reentry to home/community. I also authorize the Department of Juvenile Justice to provide copies of assessment results and service plans related to reentry to my parent/family member.

\_\_\_\_\_  
*Name of Parent/Family/significant Other*

\_\_\_\_\_  
*Relationship to Me*

\_\_\_\_\_  
*Signature of Youth (18 years of age or over)*

\_\_\_\_\_  
*Date*

I have the right to revoke this consent, in writing, except where DJJ has previously taken action in reliance on my prior consent. I also have the right to request that DJJ restrict how the information is used. DJJ is not required to agree to any restriction my request. However, if DJJ agrees to a restriction, it will be honored.

\_\_\_\_\_  
*Signature of Youth (18 years of age or over)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
Witness (Staff Member)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Title