Cecilia Powers, LCSW-S
Court-Ordered Child Custody and Adoption Evaluations

Authorization for Release of Information

This release authorizes you to disclose to Cecilia Powers, LCSW-S, any records and/or information which may be requested regarding me and my family for the purpose of completing a child custody evaluation or adoption evaluation. Ms. Powers has been appointed by the Court to complete such evaluation.

Without revocation, this consent will expire in one year from the date below.

_____ _____ _____

Name (Printed) Date of Birth Date

_____

Signature

_____ _____ _____

Name (Printed) Date of Birth Date

_____

Signature

Please list the names and birth dates of any minor children:

_____ _____

_____ _____

_____ _____