Cecilia Powers, LCSW  
Court Ordered Child Custody and Adoption Evaluations

# Authorization for Release of Information

This release authorizes you to disclose to Cecilia Powers, LCSW any records and/or information which may be requested regarding myself and my family for the purpose of completing a social study. Ms. Powers has been appointed by the Court to complete such social study.

Without revocation, this consent will expire in six months.

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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:

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