

Broward County Sheriff’s Office

Child Protective Investigations Section

1415 W Cypress Creek Road, Suite 100

Fort Lauderdale, FL 33309

Office: (954) 797-5299

# CONSENT TO THE RELEASE OF INFORMATION

**Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The above named child and the parent(s) consent to the release of any and all pertinent information relevant to the educational, medical, social, psychiatric, drug/alcohol abuse/testing of HIV history of said child and parent(s).**

**We understand that this information may be used to determine the type of service that will best protect the child, the family and the community. We understand that, if necessary, the child and the family will be referred to the Family Division of the Circuit court of Broward County.**

**We further agree that the information received in this case may be used by another service agency/individual, as agreed by the family and/or ordered by the Court, in accordance with Florida Statutes.**

**A Photostat and/or fax of this authorization shall be as valid as the original.**

**I understand that this release is valid for a period of ninety (90) days from the date signed, unless authorization is withdrawn prior to that time.**

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**Child Protective Investigator Child**

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### Date Signed Parent

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### Date Signed Parent

##  Form CPIS – 119

 **Revised Feb 2018**

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