

VOICES FOR CHILDREN /
COURT APPOINTED SPECIAL ADVOCATE PROGRAM
30 WEST STATE STREET
SECOND FLOOR
BINGHAMTON, NY 13901
Kacey Ellsworth, Program Coordinator (607) 724-5153 X 102

Authorization to Release Information

I hereby authorize a representative of the Accord, Voices for Children/ CASA program to obtain information from _____, regarding my involvement in: _____

My name as it appears on the above referenced records is: _____

This release is valid from / / to / /

I execute this release with the full knowledge and understanding that the information obtained about me is for the official use of the Accord, Voices for Children/ CASA Program. This information may be used in the CASA report that is presented to the Family Court Judge in Family Court. I have read the above release statement and fully understand what rights I am waiving by signing this document.

Full Name (print): _____

Date of Birth: / /

Address: _____

Phone: () _____ - _____

Signature: _____