

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION			
I hereby authorize _____ to release to the Department of Children and Families the information requested below regarding my minor child as required by the Department policies for Probate Court Custodian/Guardian applicants and their child.			
LAST Name of Child:	FIRST Name of Child:	Child's DOB:	
Signature of Applicant:			Date:
Address: (No. and Street):	City:	State:	Zip:

INFORMATION ABOUT THE CHILD
Does the above listed child have good attendance?: <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," please describe:
Is the child involved in regular or special education?: <input type="checkbox"/> Regular <input type="checkbox"/> Special If "Special Education," please describe:
Does the child present with behavioral issues?: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please describe:
Please describe the child's social interactions:
Do/Does the child's parent(s) participate in child's education, programs, events, etc.?: <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," please comment:

Do you have any concerns regarding abuse and neglect? Yes No If "Yes," please explain:

Do/Does the child's parent(s) participate in child's education, programs, events, etc.?: Yes No If "No," please comment:

Do you have any concerns with this/these parent(s) being appointed a custodian/guardian of a child? Yes No If "Yes," please explain:

Additional Comments:

Name of Teacher / Administrator/Social Worker:

Signature:

Address:

Telephone:

Date:

NOTE: This report should be mailed by the school, teacher or social worker directly to the Department of Children and Families Office listed below:

ATTENTION: (Name of DCF Social Worker or Administrator):

DCF Office and Address:

Date: