



CITY OF DISTRICT HEIGHTS FAMILY & YOUTH SERVICES CENTER

2000 Marbury Drive * District Heights, Maryland 20747
Phone: (301) 336-7600 * Fax: (301) 499-2121

Release of Information

I, _____, authorize the following:

_____ of _____
(name of agency and/or agency representative) (city, state)

AND

_____ of _____
(name of agency and/or agency representative) (city, state)

to exchange the following information: _____

regarding _____ DOB _____
(client's name)

This release of information will expire _____
or one (1) year from the date of this agreement, whichever happens first. At any time, I understand that I may terminate this agreement by written notification of such modification.

I have read the above statement. I understand and agree with its contents.

Parent/Guardian _____ Date _____

Witness _____ Date _____

Client _____ Date _____



CITY OF DISTRICT HEIGHTS