

AIFACS
American Indian Family and Children's Services
25 Empire Drive
St. Paul, MN 55103
(651) 223-8526
Fax: (651) 223-8529

REQUEST FOR RELEASE OF INFORMATION

I _____, DOB _____ authorize

American Indian Family and Children's Services to:

_____ Release information to: _____

_____ Obtain Information from: _____

For the purpose of:

_____ Foster home licensing _____ Evaluation _____ Ongoing Case Management

_____ Adoption _____ Other

_____ Medical Information: _____

_____ Educational Information: _____

_____ Psychological Information: _____

_____ Legal Records: _____

_____ Foster Home Licensing Data: _____

_____ Case Management Reports: _____

_____ Other: _____

I understand that my records are protected under the Federal Confidentiality Regulations (42 FCR, Part 2), and the Minnesota Data Practices Act, and that they cannot be disclosed without my written consent unless otherwise provided for in the regulations. I have been informed as to what information will be released and the purpose and the intended use of the released information. I also understand that I may revoke this consent at any time by written notice except to the extent that action has been taken in reliance on it. This release of information expires one year from today's date, unless otherwise noted.

Executed this _____ day of _____, 20 _____

Signature

Date