



DCYF - AUTHORIZATION FOR RELEASE OF INFORMATION

Name (First, Middle, Last) DOC number Date of birth

Last known address City State Zip code

Table with 3 columns: Child(ren) name, Date of birth, Gender

Have you been involved with Child Protective Services or welfare in Washington or another state? Yes No If yes, what state: Approx. date:

Has any child been involved with Indian Child Welfare in Washington or another state? Yes No If yes, what state: Approx. date:

Have you been involved with Tribal Court or other tribal services in Washington or another state? Yes No If yes, what state: Approx. date:

Give a brief description of the case:

Initial:

I allow any tribal and/or state child welfare/protection agency to disclose any level of information they may have on me, my family and/or children, including but not limited to founded (substantiated), unfounded (unsubstantiated), and "information only" referrals.

I allow the Department of Children, Youth, and Families (DCYF) and/or Department of Corrections to re-disclose protected health and/or other information to mental health, substance use disorder, and child welfare service providers.

I certify under penalty of perjury that the information provided in the attached documents are true and accurate.

Signature Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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