

**Multicultural Center of Greater Danbury**

**Hispanic Center**

**4 Harmony Street Danbury, CT 06810**

**Phone 203-798-2855**

**Records Release Authorization**

RE: \_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS: \_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_authorize MULTICULTURAL CENTER OF GREATER DANBURY- HISPANIC CENTER to **Disclose and/or Obtain verbally and/or in writing** the following information regarding child/family to and/or from:

Name: Department of Child and Families

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The reason or purpose for this release of information are as follow:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Client Signature (or parent/guardian or legal representative)