



# The Parenting Center

*Providing Families the Tools to Succeed.*

## CONSENT TO RELEASE INFORMATION

I, \_\_\_\_\_, hereby give my permission for The Parenting Center to release any and all communication between myself and the agency regarding participation in the court ordered High Conflict package of services. The information may be released to:

The Mother's Attorney: \_\_\_\_\_  
Name

The Father's Attorney: \_\_\_\_\_  
Name

The Child's Attorney (if any): \_\_\_\_\_  
Name

The Court, Cause No.: \_\_\_\_\_  
Cause Number

The Other Parent: \_\_\_\_\_  
Name

I also give my permission for the above named agency or person to release information pertaining to me or my minor children. The information may be released to the party listed below:

**The Parenting Center**  
2928 W. 5<sup>th</sup> St.  
Fort Worth, TX 76107  
817-332-6348 FAX 817-332-6489

I understand the information to be released may contain medical, educational, behavioral, psychological, psychiatric, counseling records, social history, or other assessment records for myself or my children which may aid program planning.

I understand that this authorization may be revoked in writing by me at any time.

\_\_\_\_\_  
Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Witness Date: \_\_\_\_\_

Authorization to Release Information has been withdrawn by \_\_\_\_\_  
on \_\_\_\_\_



A United Way  
Partner Agency

[www.TheParentingCenter.org](http://www.TheParentingCenter.org)  
2928 West Fifth Street • Fort Worth, Texas 76107 • (817) 332-6348 • (817) 332-6489 FAX  
Arlington • (817) 275-7576 • (817) 276-9916 FAX  
100 East Broad Street • Mansfield, Texas 76063 • (817) 477-1010 • (817)453-9661 FAX