

Consent for Release of Confidential Information

I, _____ voluntarily authorize
Offender's Name

(A&D Assessment Location)
Name of Program making disclosure

to disclose any information necessary in regards to my assessment and requirements
to KEIZER YOUTH PEER COURT / CARI EMERY and the MARION COUNTY
JUVENILE DEPARTMENT. Information may be shared as needed by mail, phone, or fax.

I understand that my records are protected under the Federal or State
Confidentiality Regulations and cannot be disclosed without my written consent unless
otherwise provided for in the regulations. I also understand that I may revoke this
consent at any time except to the extent that the action has been taken in reliance on it
(i.e., granted probation, etc., contingent on this consent) and that in any event, this
consent expires automatically as described below.

Specification of the date, event or condition upon which this consent expires with
Keizer Youth Peer Court: **Successful completion of contract or non-compliant return to
Marion County Juvenile Department.**

Executed this _____ day of _____.

Juvenile Offender Signature

Parent/Legal Guardian Signature

Youth Court Coordinator Signature

- *Give Original to who ever will be completing your assessment. This acknowledges their right to share information with the other parties listed above by phone, mail, or fax.*