



JUVENILE SERVICES CENTER
18106 Cumberland Road Noblesville, 46060
317.776.2985

CONSENT FOR RELEASE OF INFORMATION

Student's Name:

DOB:

District:

Bldg:

Grade:

Parent(s)/Guardian Name:

Phone:

Address:

City/St:

Zip:

Please allow the School Social Worker at Juvenile Services Center Noblesville Schools to Send Information to or Receive Information from:

- DCS
- Probation
- Attorney: _____
- Other: _____
- All the Above

This consent for release or exchange of information is authorized for twelve months. I understand that I may revoke my consent at any time by notifying the School Social Worker at the Juvenile Services Center in writing that I am revoking consent. I also understand that my revocation does not apply to action taken before I revoked my consent.

Signature of Parent/Guardian or student if age 18

Date: _____