

Twin Falls County Juvenile Probation  
650 Addison Ave. W. Ste. 3100  
Twin Falls, Idaho 83301  
208-736-4215 x3110  
Fax: (208) 736-4222  
Email: \_\_\_\_\_

### **Authorization for Release of Information**

At the request of \_\_\_\_\_, the person signing below, please release the following information to the Twin Falls County Juvenile Probation Department:

1. Official school administrative data (grade level completed, grades, transcripts, class standing, attendance record);
2. Standardized Achievement Test Scores;
3. Intelligence and Aptitude Test Scores and evaluations;
4. Personality and Interest Test Scores;
5. Teacher and Counselor Observations and Rating;
6. Record of Extracurricular Activities;
7. Family Background data;
8. Medical Records;
9. Psychological Records, Mental Health Assessments, treatment plans, and records;
10. Alcohol/Substance Assessments, Evaluations, and Treatment Plans;
11. Information/Recommendations of counseling sessions, counseling notes, and or reports; and
12. Criminal History Records.

I understand, by signing this authorization, that it will expire upon my completion of juvenile probation; that I have the right to revoke this authorization in writing except to the extent the authorization has been relied on by the covered entity or juvenile probation; and that a health care provider, health care clearinghouse, or health plan may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs this authorization. Any copy of this authorization shall authorize the release of records.

\_\_\_\_\_  
Signature of Juvenile

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Juvenile Probation Officer

\_\_\_\_\_  
Date