



SPECIFIC RELEASE OF INFORMATION

St. Johns County
304 Kingsley Lake Drive
Suite 602
St. Augustine, FL 32092
904-824-0050

Putnam County
605 St. Johns Avenue
Suite 102
Palatka, FL 32177

Clay County
155 Blanding Blvd
Suite 2
Orange Park, FL 32073
904-298-2001

I (client), _____, understand that Family Resource Connection, Inc. (FRC) must be able to obtain and share certain information about me, my child(ren), and/or my case in order to provide service(s) and/or help me fulfill my court requirements. I also understand that the getting and the sharing of my information is only on an "as need to know" basis and that all information will be kept confidential except what is required by law and/or a court order; therefore, I give permission for Family Resource Connection, Inc. to receive and/or to share information with the following:

*Check all
that apply*

_____ My attorney: _____

_____ Guardian ad Litem Program, State/Federal Agencies listed in my court requirements/documents who have provided assistance to me and my family

_____ Other: _____

I understand that this Release of Information will remain in effect for twelve (12) months from the signing date and that I will need to complete another release if I am still receiving a service from FRC after twelve months. I realize that I can recant this Release of Information at any time by providing a written request. I understand that not having my permission to get or share information may limit or terminate services that Family Resource Connection provides, thus resulting in incomplete court orders.

_____ Client Signature _____ Date

_____ Printed Client Name _____ Date

Central Fax
866-528-0579

_____ Family Resource Connection Witness _____ Date

www.familyresourcefl.org