



**Pierce County Superior Court
Family Court Services**

334 County City Building, 930 Tacoma Avenue South, Tacoma, WA 98402
(253) 798-3654 Fax: (253) 798-7214

AUTHORIZATION TO OBTAIN RECORDS OR RELEASE OF INFORMATION

Full Name: _____ Date of Birth: _____

Previous Name(s): _____

Reason for authorization: Guardian ad Litem report for Family Court

This is to certify that I willingly give my permission for the release of any and all information pertaining to my child(ren) and family to the Pierce County Superior Court and Family Court Guardian ad Litem. This includes all medical records, educational records, and mental health records.

I have been fully advised that this release is only for the use of Family Court and the Guardian ad Litem. My signature on this release gives you full authorization to share all details of my situation with the court.

I agree to release my information as noted above from:

Person/Organization: _____

Address: _____

Phone: _____ Fax: _____

I agree to release my information as noted above from:

Person/Organization: _____

Address: _____

Phone: _____ Fax: _____

I agree to release my information as noted above from:

Person/Organization: _____

Address: _____

Phone: _____ Fax: _____

I agree to release my information as noted above from:

Person/Organization: _____

Address: _____

Phone: _____ Fax: _____

Signature: _____ Printed Name: _____

Relationship: _____ Date: _____

This authorization for release of information is valid for one (1) year from date of signature, unless revoked sooner in writing. Notice is given that GAL case file information is available to attorneys of record and pro se clients (26.09.220). Once this information is disclosed (including your health care or mental health information), the recipient may re-disclose your information and privacy laws may no longer protect your information. Federal and state laws forbid reporting of information about drug and alcohol abuse treatment, sexually transmitted diseases, or mental health issues without the written consent of the patient, or by law.