



# Idaho Department of Juvenile Corrections

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## REQUEST AND AUTHORIZATION TO RELEASE JUVENILE RECORDS (form must be notarized)

### 1. Name, Address, and Information of Juvenile or Parent/Legal Guardian Authorizing Release of Records.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail: \_\_\_\_\_

Juvenile's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to Juvenile:  Self  Other \_\_\_\_\_

### 2. Statement of Request and Authorization.

I, (*printed name of juvenile or parent/legal guardian*) \_\_\_\_\_, do hereby request and authorize the Idaho Department of Juvenile Corrections (IDJC) to release the records indicated by my initials below to \_\_\_\_\_.

(**Printed** name of specified person or entity authorized to receive records.)

\_\_\_\_ Custody Dates      \_\_\_\_\_ Commit Decree/Judgment and Petitions/Complaints  
\_\_\_\_ Psychosocial Evaluations      \_\_\_\_\_ Psychosexual Evaluations      \_\_\_\_\_ Social Histories      \_\_\_\_\_ Polygraph  
\_\_\_\_ Progress Reports      \_\_\_\_\_ Clinical Assessment Report      \_\_\_\_\_ Education      \_\_\_\_\_ Interstate Compact  
\_\_\_\_ Other: \_\_\_\_\_

### 3. Authorization and Release of Liability.

I release and forever hold harmless the state of Idaho, IDJC, and their agent(s) and/or employee(s) from and against all claims, damages, or liability resulting from any action taken pursuant to this request. I understand my authorization and release is valid for this specific request only and may be revoked by me at any time in writing to IDJC, except to the extent IDJC has taken action to disclose information in reliance upon this request. If I do not revoke my authorization and release, I understand it will expire in one year. Further, I understand that a photocopy of this request is to be honored as the original.

\_\_\_\_\_  
Signature of Person Requesting and Authorizing Release of Record

\_\_\_\_\_  
Date

State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ personally appeared before me,

\_\_\_\_ Who is personally known to me.

\_\_\_\_ Whose identity I proved on the basis of \_\_\_\_\_.

\_\_\_\_ Whose identity I proved on the oath/affirmation of \_\_\_\_\_, a credible witness, to be the signer of the above instrument and he/she acknowledged that he/she signed it.

(seal)

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_