

**LSUA CHILDREN'S CENTER  
AUTHORIZATION TO RELEASE INFORMATION**

I authorize the LSUA Children's Center to disclose and/or release any information or records to the following agency or person:

Name/Agency \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Parent's Name \_\_\_\_\_

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

\_\_\_\_\_

Telephone No. \_\_\_\_\_ Cell No. \_\_\_\_\_

\_\_\_\_\_  
LSUA AFFILIATED PARENT'S SIGNATURE

\_\_\_\_\_  
DATE