



A POWERFUL VOICE IN A CHILD'S LIFE.™

P.O. Box 824 • Houma, LA 70361 • 985-876-0250 • Fax 985-876-0286 • [casaofterrebonne@live.com](mailto:casaofterrebonne@live.com)

## RELEASE OF INFORMATION

Child/Parent _____	Date of Birth _____
Address _____	Phone No. _____
City _____ State _____	Zip Code _____

The above name does hereby grant permission to:

Organization/Individual \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

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

To release information to:

Organization CASA OF TERREBONNE Phone No. 985-876-0250

Address P.O. Box 824 Fax No. 985-876-0286

City Houma State LA Zip Code 70361

For the following records: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
CASA Advocate

\_\_\_\_\_  
Signature of Advocate Supervisor