
Form 10: Authorization for Release of Drug Test and Result Information

Juvenile's name _____ Birthdate _____

I, _____ and/or _____
(Juvenile's name) (Name of parent or conservator)

Authorize _____
(Releasing agency)

Disclose to: _____
(Name)

(Street address)

(City) (State) (ZIP)

(Name, if any, of person to whom attention should be made)

The following information: _____
(Specify the nature and extent of information to be released)

For the following purpose: _____
(State purpose of disclosure)

This authorization and consent is made for the purpose of reporting my drug test(s) and drug test result(s) to the above-designated individual and/or organization.

This authorization and consent is subject to revocation by the undersigned at any time except to the extent that action has been taken in reliance thereon. If not earlier revoked, this consent terminates on:

Month/Day/Year

Releasor, its agents and its employees are hereby relieved of any responsibility and liability that may arise from the release or reproduction of such records and/or information.

(Signature of juvenile) (Date)

(Signature of parent or conservator) (Date)

(Witness) (Date)

Prohibition on redisclosure: This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations (42 CFR pt. 2) prohibit you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information if held by another party is not sufficient for this purpose. Federal regulations state that any person who violates any provision of this law shall be fined not more than \$500, in the case of a first offense, and not more than \$5,000 in the case of each subsequent offense.

Source: American Probation and Parole Association