



State of Utah

SPENCER J. COX
Governor

DEIDRE M. HENDERSON
Lieutenant Governor

Department of Human Services

TRACY S. GRUBER
Executive Director

Division of Child and Family Services
DIANE MOORE
Director

**AUTHORIZATION TO RELEASE INFORMATION
MAINTAINED BY THE DIVISION OF CHILD AND FAMILY SERVICES
TO A THIRD PARTY**

To: _____ (DHS, or agency/office/division),
records custodian.

The Subject of the Record is: (Name of person whose records/information will be released)

I am requesting that the records be released to:

I/We authorize the Division of Child and Family Services listed above to release the private, protected, or controlled information listed below to the third party listed above. I understand that this information is either created by or maintained by the Division of Child and Family Services.

INFORMATION TO BE RELEASED:

Information identifying the subject of the record only

Photographs of the subject of the record only

Information about the subject of the record as follows:

For **Controlled** Records: I understand that information designated as a controlled record can only be released to a physician, psychologist, certified social worker, insurance provider, or producer, or a government public health information, and that the receiving entity must provide

written assurances regarding further disclosure of controlled records, and that this release is only good for 90 days.

For **Protected** Records: I understand that protected records cannot be released unless this release is notarized and signed by all persons/entities whose interest were sought to be protected, and that the release is only good for 90 days.

For **Private** Records: I understand that this authorization must be notarized and is only good for 90 days.

I further understand that, by releasing the information to the person/organization/entity named above, private information about the subject of the record will be released. This includes but is not limited to: identifying information, photographs, statements, and private information about the status of the case, Division of Child and Family Services (DCFS) involvement, and medical information.

I understand and agree to hold the Division of Child and Family Services harmless, and I hereby waive any and all potential legal claims against DCFS that might arise from the release of this information to the third party named above, and understand that once the information is released, the Division has no control over the third party's use of the information.

DATED THIS _____ day of _____, 20 ____.

SIGNATURE: _____
(If notarization is required, then this form must be signed in the presence of the notary.)

PRINTED NAME: _____

I am _____ (initial) the subject of the record.

I am _____ (initial) the legal guardian of a minor (includes parents with custody) and the minor is the subject of the record.

I am _____ (initial) the personal representative or legal guardian of an adult, and the adult is the subject of the record.

DATE: _____

EXPIRATION DATE (90 days after signature): _____

NOTARIZED BY: _____
(For private, protected, and controlled records only)

*Note: If the person requesting the records is the subject of the record, or the legal guardian of the subject, and the person is requesting the records for themselves, as opposed to requesting it for a third party, then a GRAMA request should be used, and this release is not required.