



## Hope Visitation & Exchange Center

1132 West Market Street

Lima, OH 45805 Ph. 419-221-2118 Fax. 419-221-3932

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### Release of Information

I, \_\_\_\_\_ hereby authorize Hope Visitation and Exchange Center to release confidential information about myself and my family to any agency associated with my case, which may include, but is not limited to: my attorney of record, the courts, Child Support Enforcement Agency, Allen County children's Services, and social service or mental health provider.

My signature indicates that I know what information is being requested and why.

I understand that I may be asked to sign another release of information form for Hope Visitation and Exchange Center.

I understand the consequences of not signing this release form should I refuse.

I understand that I may withdraw my consent in writing at any time concerning this release of information.

My signature also indicates that I have read this form or had it read to me and explained in language I can understand.

This consent expires one year from date of signature.

\_\_\_\_\_  
(Parent or Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Hope Visitation Center Staff)

\_\_\_\_\_  
(Date)

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