Authorization to Release Information

I understand that as a guardian or an adult residing in the proposed residence of a protected person (ward), I am required to furnish information for use in the court guardianship proceedings. I also understand that my criminal history will be checked.

For this purpose, I consent to the release of information by law enforcement agencies, and other relevant individuals and agencies to any duly authorized agent of the Judicial Department.

I further consent to allow a photocopy of this release form, when presented by a duly authorized agent of the Judicial Department, to serve as a valid release even though the photocopy does not contain an original writing of my signature.

This release expires once I no longer reside in the same residence or the guardianship case has been closed.

Applicant's Signature _____

Date Signed _____

Applicant's Printed or Typed Name_____

Date of Birth_____

Driver's License Number/State _____