

**CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_, give my permission for Family Court Services of Tarrant County to release any and all confidential information contained in the Family Court Services file concerning me or my minor child/children, to any attorney of record in Cause No. \_\_\_\_\_, including my attorney, the opposing attorney, the amicus attorney, and to any party representing him/herself without an attorney and the court. I understand that this consent for release includes, but is not restricted to any medical, psychological, counseling, social study personal data, criminal history report and other records obtained by Family Court Services, unless otherwise prohibited or protected.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_