**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

 I, (DOB: ), authorize the offices and agencies indicated below to release to [Insert Court Visitor’s name here] any and all information relative to criminal conviction history and administrative findings, interviews, reports, test results, records and contacts concerning myself to further the investigation of the Court Visitor/Guardian ad Litem into the pending petition in Spokane County for the appointment of a guardian/conservator for [Insert Respondent’s Name and DOB here]. I am requesting consideration for appointment as guardian/conservator/to remain the lay guardian/conservator for Insert Respondent’s Name] and understand the Court Visitor/Guardian ad Litem is required to do background checks of prospective lay guardians/conservators.

This authorization specifically includes:

 [ ]  Child Protective Services records \_\_\_\_\_initial here

 [x]  Adult Protection Services records \_\_\_\_initial here

 [ ]  Washington State Patrol (conviction history only) \_\_\_\_initial here

 [ ]  Law enforcement agency for \_\_\_\_\_\_\_ initial here

 [ ]  Reference(s)

 (Attach a photocopy of government issued ID/driver’s license to verify identity)

 I understand the information being sought may be confidential pursuant to State and Federal laws and authorize its release to [Insert Court Visitor’s name here], Court Visitor, for the limited purpose stated above. I understand the information may be used only in connection with the guardianship investigation and that disclosure of information will be made only to the Court and the parties to the guardianship case in a document filed under seal with the Court. Any information obtained will not be disclosed in a public access file.

 I realize that I may revoke my consent at any time and hold harmless any release of information by the record custodian which was made in accordance with this Authorization. This consent for the release of information shall be effective until revoked by me in writing or until the guardianship hearing occurs, whichever occurs first. You may accept a photocopy/facsimile of this Authorization with the same authority as the original.

 DATED this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

 Printed Name:

 Address

 Telephone

 Email