



HUMAN SERVICES DEPARTMENT
AUTHORIZATION TO RELEASE INFORMATION
(FOR MINOR CHILD)

Human Services Department
Beverly A. Sanders, M.ED
Director

I, the undersigned _____ do hereby authorize the
(Print - Parent's/Guardian's Name)
release of all appropriate information regarding my child's medical or
employment history, income status, educational records and/or any
applicable information necessary to provide services on my behalf.
I, further authorize you to furnish to the City of Hallandale Beach,
Human Services Department, information they are requesting from
your agency. I understand that the information is confidential and will
only be used for the purpose of determining and/or assessing
appropriate services.
By my signature below I, release and hold harmless the City of
Hallandale Beach, Human Services Department, its employees and
the respondent from any liability that may result from furnishing this
information.

CHILD'S INFORMATION

_____ DOB _____

First Middle Last

Social Security # _____

PARENT'S/GUARDIAN'S INFORMATION

_____ DOB _____

First Middle Last

Social Security # _____ D L# _____

Parent's/Guardian's Signature _____ Date _____

***** Do not write below this line *****

Agency Representative _____ Title _____
PRINT NAME

Please fax information to (954) 457-1305. For additional information call
(954) 457-1460.

- JOY COOPER Mayor
WILLIAM JULIAN Vice Mayor
KEITH LONDON Commissioner
MICHELE LAZAROW Commissioner
ANTHONY SANDERS Commissioner

750 N.W. 8th Avenue
Hallandale Beach, FL 33009
Ph. (954) 457-1460
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