



The Carpenter's Way
A Christian Home For Children.

Authorization for Release of Information

Child's/Youth's Name: _____

Child's/Youth's Date of Birth: _____

I hereby request and authorize: The Carpenter's Way
 Attention: Director
 Post Office Box 578
 Fortson, Ga. 31808 – 0578

to obtain from: _____

for the purpose of: _____

All information I hereby authorize to be obtained from this organization will be held in strict confidence and cannot be released to the recipient without my written consent.

I understand that this authorization will remain in effect for the period of time necessary to complete all transactions on accounts related to services provided to me.

Signature of Child/Youth

Date

Signature of Parent/Legal Guardian

Date

Signature of CW Program Staff

Date