

AUTHORIZATION TO RELEASE PERSONAL and CONFIDENTIAL INFORMATION

To: _____ (To Be filled-In by Guardian)

Fm: _____, Parent of _____ (name of child)

Re: Authorization for James E. Holmes as Guardian-ad-Litem

This Authorization, upon presentation of this Authorization and a copy of the Court's Order, to furnish to JAMES E. HOLMES, Attorney-at-Law, and Court-Appointed Guardian-ad-Litem for my child _____, hereby authorizes the following:

1. All education institutions attended by him/her – public and private – teachers, administrators, counselors, and other staff thereof, to give access to, inspection and examination of, copying of, and discussion of any and all records, documents, and other information in your possession or control regarding my child's education, care, and welfare, including but not being limited to attendance records, performance reports/report cards and evaluations, standardized test results, counselor evaluations, and any other information relevant to his investigation.

2. All medical, dental, and psychological care providers of my child and staff of any such care provider to give access to, inspection and examination of, copying of, and discussion of any and all records, documents, and other information in your possession or control regarding my child's physical and mental health and history of care and treatment, including but not being limited to medical records and counselor evaluations, and any other information relevant to his investigation. All after-school and other such care providers for my child to give access to, inspection and examination of, copying of, and discussion of any and all records, documents, and other information in your possession or control regarding his/her care and welfare and any other information relevant to his investigation.

3. All other's from whom information is sought, to give access to, inspection and examination of, copying of, and discussion of any and all records, documents, and other information in your possession or control regarding my child's care and welfare and any other information relevant to his investigation.

This Authorization shall also apply to any representative or agent of Mr. Holmes presenting a copy of this Authorization and the Court's Order. Your full cooperation with James E. Holmes as Guardian-ad-Litem is respectfully requested. A photocopy of this Authorization and of my signature thereon shall have the same force and effect as the original. If you have any questions or concerns about this Authorization, please contact me immediately.

Print Name of Parent (_____)

Address: _____

Phone: (h) _____ (w/c) _____ / _____

Parent's SSN: _____ Parent's DOB: _____

Full Name of Child: _____

Child's SSN: _____ Child's DOB: _____

Sworn to and subscribed before me
this ____ day of _____, 201__.

Notary Public

My Commission Expires: _____