



WASHOE COUNTY DEPARTMENT OF JUVENILE SERVICES

P.O. BOX 11130
RENO, NEVADA 89520-0027
(775) 325-7800

Request for Release of Juvenile Justice Information

CASE NAME: _____

DATE OF BIRTH: _____

I, _____ (person requesting), an adult over the age of eighteen (18) years of age, whose relationship to the minor is _____ (relationship to minor – Self, Parent, Legal Guardian, Agency Representative), request the Director of Juvenile Services release the Juvenile Justice Information in the matter of _____ (Case name).

This request is made for the following reason(s):

The requested Juvenile Justice Information shall be released to: (Person/Agency, Address and Phone Number):

Information given or received pursuant to this request and authorization is confidential. Federal Law strictly forbids further disclosure to other persons or agencies without the specific written consent of the client with the exception of program or fiscal audit where such information is kept confidential. Pursuant to Federal and State Laws and Regulations including those that govern confidentiality of Alcohol & Drug Abuse Patient Records medical information will only be released with a separate signed consent.

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I understand the requested Juvenile Justice Information is released for the purpose of the reasons listed above.

Date: _____

REQUESTOR

PARENT AND / OR GUARDIAN
(If Requestor is under 18 years old)

Address _____

Telephone Number _____

State of Nevada)
)
County of Washoe)

SUBSCRIBED and SWORN to before me
this ____ day of _____, 20__.

NOTARY PUBLIC

Authorization of Release of Juvenile Justice Information

The Director of Juvenile Services having considered the foregoing request for the release of Juvenile Justice Information, pursuant to amended NRS 62H.030, and the Requestor having a legitimate interest in the records, I hereby I authorize the release of the requested Juvenile Justice Information in the matter of

_____ (Case Name) to _____ (Person/Agency).

Date: _____

DIRECTOR OF JUVENILE SERVICES