



Criminal Justice Services Release of Information Form

20 North Hanover Street, Suite 300

Carlisle, PA 17013

Phone: 717.240.7795

Fax: 717.240.7791

I _____ (Client's name) agree that Amittee Griffith, Social Worker with Criminal Justice Services, 20 North Hanover Street, Carlisle, Pa 17013 may ☐ release information to/
☐ may gather the following information from:

Agency: _____

Address: _____

The following information to be released has been discussed with me and I have agreed to the release of the following:

Comments:

This agreement ends on _____ or in one year from the date of signature which comes first.

Client Signature

Witness

Date

Date

Verbal permission given on: _____

Client Copy Accepted _____

Client Copy Rejected _____