

AUTHORIZATION TO RELEASE INFORMATION

I _____ grant permission to Williams County Victim Assistance to exchange/release information with the following individuals and/or agencies.

- _____ Prosecuting Attorney/City Attorney
- _____ Williams County Common Pleas or Juvenile Court
- _____ Bryan Municipal Court
- _____ Dept. of Job and Family Services
- _____ Law Enforcement: _____
- _____ School: _____
- _____ Counselor/Physician: _____
- _____ Attorney: _____
- _____ First Call for Help
- _____ House of Ruth
- _____ Sarah's House
- _____ Other: _____
- _____ All of the above

Signature _____
(Parent or guardian if victim is a minor)

Date _____

THIS RELEASE PROVIDED BY:
THOMAS A. THOMPSON, WILLIAMS COUNTY PROSECUTOR
WILLIAMS COUNTY VICTIM ASSISTANCE PROGRAM
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