

NEW MEXICO BAPTIST CHILDREN'S HOME
BOX 629
PORTALES, NM 88130
575-359-1254

AUTHORIZATION TO RECEIVE INFORMATION

I, _____, parent or legal guardian of
_____ DOB _____, authorize the following
agency _____
to disclose to New Mexico Baptist Children's Home, all records and/or information regarding the
above mentioned child.

This authorization also includes all verbal communications between the staff of New Mexico
Baptist Children's Home. Disclosure is made for the following purpose:

_____ Evaluation _____ Application for Admission
_____ Other

Disclosure is limited to the following specific types of information:

- _____ Psychological/Psychiatric evaluations
- _____ Social Summaries
- _____ School Records
- _____ Medical Records
- _____ Court Documents
- _____ Other

Documents and written information should be mailed to the appropriate address listed above.

Signature of parent or guardian _____ Date _____

Signature of child age 12 or older _____ Date _____

Witnessed _____ Date _____