



STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

Consent to Release Information

The confidentiality of all juveniles in the custody of or programs contracted to the Department of Juvenile Justice is protected. The release of any information, images or recordings that would breach that confidentiality will be granted upon proper execution of this form and approval by the Secretary for the Department of Juvenile Justice.

This release does not authorize the release of any medical information.

Informed consent for the making of photographs, videotapes and or sound recordings of

is hereby granted [] not granted [].

Permission to use these images or sound recordings is given to the Florida Department of Juvenile Justice for the purpose of public information, education or training.

I authorize the Department to release to the public, including the news media, information regarding the above-named youth. This shall include release of name and other identifying information, as well as photographs, videotapes or sound recordings.

I understand that the Department and its agents may use this material for an indefinite period of time. This authorization can be revoked by written statement mailed to the Communications Office, Department of Juvenile Justice, 2737 Centerview Drive, Tallahassee, Florida 32399-3100. If revoked, the Department shall not be required to recall affected publications, photographs, videotapes, slides or sound recording then in use.

Signature _____ Age _____ Date _____

Address _____

City _____ State _____ Zip Code _____ Phone Number () _____

Parent/Guardian Signature _____ Date _____

Print Name _____

Address if different from above _____

City _____ State _____ Zip Code _____ Phone Number () _____

DJJ staff or contracted program staff receiving this form: _____

Title: _____ Name of Program _____

Address: _____ Phone Number () _____

The original executed form must be forwarded to the Communications Office for the Secretary's approval; a copy must be filed with appropriate circuit regional/or program office and a copy given to the juvenile's parent or guardian executing the form.

Date submitted to Communications Office: _____ Recipient _____

FAX Number: (850) 921-5907

[] APPROVED [] NOT APPROVED Date: _____ Secretary or Designee: _____