



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 Florida Department of Juvenile Justice is protected by Florida law. The release of any information, images, or recordings may be granted in certain limited circumstances 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 as described in F.A.C. 63F-10.002 (16)(b-e).

Step 1. I authorize the Florida Department Juvenile Justice to release to the public, including the news media, information regarding: _____. 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 request mailed or faxed 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 any publication, photograph, videotape, slide or sound recording previously created and/or currently 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:(____) _____

Step 2. 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.

Step 3. Date submitted to Communications Office: _____ Received by: _____

Step 4. General Counsel's Office Review by: _____ Date: _____

Step 5. APPROVED NOT APPROVED Date: _____ Secretary: _____