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: ___________________