



CLARK COUNTY DEPARTMENT OF FAMILY SERVICES

121 South Martin Luther King Blvd
Las Vegas, Nevada 89106
(702) 455-7200



RELEASE OF INFORMATION

Applicants seeking licensure as an Agency Foster Home are required to read and complete this form.

Regarding:

Name of applicant #1:	Social Security Number:
Name of applicant #2:	Social Security Number:

You are authorized by the undersigned to release to the Department of Family Services, the information including, but not limited to, that indicated below. This authorization constitutes a full and complete release from any liability resulting from disclosure of such information. This authorization also permits release of medical information under the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255) and Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act amendments of 1974 (P.L. 93-282). A photocopy of this form shall be as valid as the original.

Data Requested:

Signature of applicant #1:	Date:
Signature of applicant #2:	Date:

Please return this request to:

Agency Licensing Unit