

**CONSENT TO SHARE INFORMATION**

Collin County Child Sex Trafficking Team

This consent allows for the exchange of information by the agencies below of the purposes of providing services.



**STAFF INFORMATION**

**Name**

First Name Last Name

**Phone Number**

Area Code Phone Number

**Email**

example@example.com

**Agency**

**CHILD INFORMATION**

**Name**

First Name Last Name

**Date of Birth**

mm-dd-yyyy 

**Phone Number**

Area Code Phone Number

**Email**

example@example.com

**Where is child residing?**

home/shelter/other

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## GUARDIAN INFORMATION

**Name**

First Name	Last Name
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**Relationship to Child**

**Address**

Street Address Line 2

City	State / Province
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Postal / Zip Code

**Phone Number**

Area Code	Phone Number
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**Email**

example@example.com

As parent/guardian of I hereby authorize the release/sharing of all information written and/or verbal records/information to the following agencies:

**PLEASE CLICK ANY AND ALL AGENCIES YOU WANT INCLUDED**

- Children's Advocacy Center of Collin County
- Traffick911
- Texas Department of Family and Protective Services
- Collin County District Attorney's Office
- Collin County Juvenile Probation Office

**In addition to the agencies listed above, I hereby authorize the release/sharing of all information written and/or verbal records/information to the following agencies or individuals:**

## Appendix C

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#### Acknowledgement

- I am signing as a parent or a guardian of a minor, and I understand that the records released may contain references to my family and myself.
- The authorization period will continue for one year from the date below.
- Release of information is voluntary, I understand I have the right to refuse this request.
- I understand that I have the right to revoke the authorization in writing after signing this form.
- A copy/PDF or facsimile of this document is a valid original.

#### Parent/ Guardian Signature

Clear