



AUTHORIZATION TO SHARE INFORMATION

By signing below, I give or deny permission for CASA of Monterey County to share my contact information (i.e., email address and/or cell phone number) with parties related to the case that I am assigned to. This will allow social workers, attorneys, facilitators, and other members of my child/youth's team to contact me for upcoming meetings or other case specific matters.

I give my permission to CASA of Monterey County to share my contact information.

Email Address

Cell Phone Number

I do not give permission to CASA of Monterey County to share my contact information.

Email Address

Cell Phone Number

Name of Participant (Print)

Date

Signature of Participant

I acknowledge that the above electronic signature shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature.

CASA of Monterey County will not share personal residence or place of business information.