

**PROVIDER DEFENDANT SETTLEMENT
AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION**

I, _____, hereby authorize Luzerne County Department of Juvenile Probation and/or Domestic Relations to release my entire file and related documents to the Provider Defendant Settlement Claims Committee. The Claims Committee is comprised of attorneys from the law firms of Hanglely Aronchick Segal Pudlin & Schiller; Caroselli, Beachler, McTiernan & Conboy, LLC; Anapol Schwartz; and the Juvenile Law Center pursuant to order of the United States District Court for the Middle District of Pennsylvania.

I authorize records to be mailed to:

Provider Defendant Claims Committee
ANAPOL SHCWARTZ
1710 Spruce Street
Philadelphia, PA 19103

This authorization will remain in effect until I revoke such authorization in writing.

Signature

Printed Name

Today's Date

Date of Birth

If party is a minor, parent/natural guardian must sign the Release Form on the minor's behalf.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Minor's Name

Minor's Date of Birth

Today's Date