

**LAW OFFICES OF  
TAD J. BISTOR, LLC**

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**AUTHORIZATION FOR RELEASE OF RECORDS**  
**(DEPARTMENT OF CHILDREN AND FAMILIES)**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Child(ren) Name(s): \_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the State of Connecticut Department of Children and Families to release to the **Law Offices of Tad J. Bistor, LLC, P.O. Box 1454, Hartford, Connecticut 06144-1454**, or any of its representatives, any information contained within my or my child(ren)'s DCF files, including, but not limited to, current and former addresses and telephone numbers, past or pending criminal charges filed against me and/or my child(ren) and the disposition thereof, Juvenile Court records, background investigations, drug and alcohol test results, intake notes and records, notes and records concerning my and/or my child(ren)'s adherence to the terms of probation, and all other records and reports contained in my and/or my child(ren)'s DCF files, and, if requested, to receive photocopies thereof. I further authorize any DCF officer or representative handling or having access to my DCF cases or records and any representative of the Law Offices of Tad J. Bistor, LLC to freely discuss with each other my criminal, probation, and family and juvenile court records, as those records relate to my respective criminal, family and/or juvenile court cases.

I understand that the records, reports and information to be released may contain information that is protected from disclosure under applicable laws, and hereby waive such protection with regard to disclosure of the above information to the Law Offices of Tad J. Bistor, LLC. This information, however, shall not be transmitted to anyone else without written consent or other authorization.

This consent to disclose information may be revoked by me at any time, except to the extent that action has been taken in reliance thereon, upon written notice to the Department of Children and Families and/or the Law Offices of Tad J. Bistor, LLC.

**Please honor a photocopy of this Authorization as fully as the original.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature