



**Children, Youth &  
Families Department**

STATE OF NEW MEXICO

New Mexico Children, Youth and Families Department

## Authorization to Disclose Personal Information or Records From Child Protective Services Files

*This release is limited to information specific to the authorizing person NMSA 1978 32A-4-33(L)*

<b>Client Information</b>	LAST NAME		FIRST NAME, M.I.
	DATE OF BIRTH	SOCIAL SECURITY NUMBER	FACTS #

This authorizes the following CYFD entities to disclose confidential information and records as specified below to:

NAME	ADDRESS

**Duration: This authorization will expire in six (6) months unless another date is specified:**

SPECIFIED DATE, IF APPLICABLE (NO LONGER THAN ONE YEAR)

### Statement of Understanding

I understand that I have a right to revoke this authorization at any time. I understand that the information which may be released under this authorization is limited to my personal information as I would be entitled to it under either NMSA 1978 §32A-4-33(G) or (I). I understand that if I revoke this authorization, I must do so in writing to the CYFD Chief Records Officer (address below). I understand that the revocation will not apply to my information already released in response to this authorization. I understand that authorizing the disclosure of this information is voluntary. I can refuse to sign this authorization. I need not sign this authorization. I understand that I may inspect or receive copies of the information to be disclosed under the applicable portions of NMSA 1978 §32A-4-33(G) or (I). I understand that I have a right to limit the information disclosed.

SIGNATURE OF CLIENT	DATE

State of New Mexico

County of

Sworn and subscribed to me before this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

My Commission Expires \_\_\_\_\_

Notary Public



CYFD Chief Records Officer  
1120 Paseo de Peralta  
PO Drawer 5160  
Santa Fe, NM 87502