

**RECORDS RELEASE AUTHORIZATION**

Complete this form for the **adult** requesting custody/visitation, *not* the child subject to these proceedings.

**NAME:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**NAME OF REQUESTOR:** Virginia Beach Law Group, PLLC  
Anna Clarke Sas, Esquire  
4525 South Blvd, Suite 203  
Virginia Beach, VA 23452

I acknowledge that I am signing this form to cooperate with an investigation related to custody and/or visitation of a minor child(ren). I hereby authorize the recipient of this Release of Information to provide to **Virginia Beach Law Group, PLLC** any and all information they, in the exercise of their sole discretion, request concerning my criminal, traffic, civil, chancery, professional licensure and professional regulatory records, including records held at any Juvenile and Domestic Relations District Court, any State or Local government agency, or regulatory or administrative board. This information may include, but is not limited to, any present or past legal or administrative proceedings, litigation, criminal trials and/or hearings (misdemeanor and/or felonies), child neglect and/or endangerment records with the Department of Social Services, child custody, child support and civil suits filed for or against me. I understand and permit any information released to be provided to the court having jurisdiction over said custody and visitation litigation.

You are hereby also authorized to provide to **Virginia Beach Law Group, PLLC** any and all information they, in the exercise of their sole discretion, request concerning any mental health or medical treatment that I have received. This information includes all of my Personal Health Information in any provider’s possession, control or custody, including DNA test results, doctors’ notes, nurses’ notes, radiology, pathology, laboratory, substance abuse treatment, and other diagnostic test reports; original radiographs; itemized bills; correspondence of any kind to and from any person or entity; and memorandum concerning my examination and testing by you or others at your request; your findings, treatment recommendations and procedures, and medical opinions as to my physical, mental and/or emotional condition in connection on any date of service at your facility. I understand and permit any information released to be provided to the court having jurisdiction over said custody and visitation litigation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

COMMONWEALTH OF VIRGINIA  
CITY OF \_\_\_\_\_, to wit:

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_  
Notary Registration Number: \_\_\_\_\_