

**System of Care for Children & Families**  
**Revocation of Consent**

**Written Revocation**

I do hereby request that the authorization and/or agreement noted below and signed regarding:

\_\_\_\_\_ be rescinded, effective \_\_\_\_\_.  
Child's Name

*I understand that any action taken on this authorization prior to the rescinded date is legal and binding.*

I hereby withdraw my consent/authorization to:

- Release and exchange information with the System of Care
- Participate in System of Care Evaluation

\_\_\_\_\_  
*Signature of Parent/Legal Guardian* *Date*

\_\_\_\_\_  
*Signature of Witness (Optional)* *Date*

**Verbal Revocation** (To be completed by service staff/provider)

I do hereby attest to the verbal request for revocation of the (note specific authorization being revoked from above):

\_\_\_\_\_  
authorized by \_\_\_\_\_ on \_\_\_\_\_.  
*(Parent/Legal Guardian)* *(Date)*

The parent/legal guardian has been informed that any action which has previously been taken on this authorization prior to the rescinded date is legal and binding.

\_\_\_\_\_  
*Signature of Service Provider/Staff* *Date*

\_\_\_\_\_  
*Signature of Witness (optional)* *Date*

- Copy must be given to family
- Copy must be filed with responsible agency's documentation