HEAD START
PERMISSION FOR RELEASE AND EXCHANGE OF INFORMATION

CHILD'S NAME _____

DATE OF BIRTH _____

MOM OR DAD/GUARDIAN NAME _____

_____

I authorize Head Start to release/receive the following confidential information regarding the above named child to/from: _____

_____

The purpose of this release is to: _____

_____

Records/Information to be released/received includes**:** _____

_____

_____

_____

- I have been fully informed and understand the school's request for my consent, as described above.
- I understand that my consent is voluntary and may be revoked at any time.
- This release of information will be valid for the duration of my child's enrollment in the Head Start program.

_____ _____

Signature of Parent/Guardian Date

_____ _____

Signature of Staff Member Date

2011