

AUTHORIZATION FOR PROGRAMS TO RELEASE INFORMATION



Child's Name: _____

D.O.B.: _____

The following Birth to Three Program has my authorization to release the information identified.

Birth to Three Program _____

Address _____

Phone Number _____

Specific Information to be released:

Document	Date of Document

Reason for information to be released:

Information to be released to:

Name of Agency/Individual _____

Address _____

Name of Agency/Individual _____

Address _____

Name of Agency/Individual _____

Address _____

Signature of Parent/Guardian

Signature Date

Expiration Date

The "expiration date" listed is meant to cover the time between when the form is signed and when the provider expects the information to be released. It gives you a timeframe during which you may change your mind about releasing the information and can revoke your consent by filling out the bottom of the form.

You have a right to revoke this consent. Consent can be revoked by requesting this form from the program and indicating below that you are revoking consent. Consent cannot be revoked retroactively. The information listed above may have already been released with consent prior to the date of revocation.

I wish to revoke my consent to release the information listed above.

Signature of Parent/Guardian

Revocation Signature Date