

Authorization to Release *Early On*® Record

Child Information

Child's Name:	Date of Birth:
Parent's/Guardian's Name:	

Purpose

The purpose of this form is to obtain parental consent to release information from the *Early On* record to other agency(ies) or person(s).

Agency(ies)/Person(s) to Whom Information May Be Released

Agency/Person:
Information to be released: ☐ Full <i>Early On</i> record ☐ Specific information within <i>Early On</i> record: _____
Agency/Person:
Information to be released: ☐ Full <i>Early On</i> record ☐ Specific information within <i>Early On</i> record: _____

Authorization

My signature below means I understand that:

- ✓ My authorization to allow the sharing of information about my child is voluntary and expires:
 - ☐ upon exit from *Early On* or my child's third birthday.
 - ☐ one year after signature date.
- ✓ *Early On* has no control over the agency(ies)/person(s) I have listed to receive my protected information. Therefore, my protected information disclosed under this authorization may no longer be protected by the requirements of the Family Educational Rights and Privacy Act (FERPA), and will no longer be the responsibility of *Early On*.
- ✓ Refusal to sign this authorization will not affect my ability to obtain *Early On* services.
- ✓ I may revoke or cancel consent at any time, without penalty, by notifying *Early On* in writing. Information that has already been shared based on this authorization cannot be taken back.

I have read and understand this authorization form (or it has been read to me in a language I understand) and:

- ☐ I authorize *Early On* to engage in verbal, written, and/or electronic communication with the identified agency(ies) or person(s) in order to release the information listed.
- OR
- ☐ I do not wish to have any information released at this time.

Signature of Parent/Guardian:	Relationship to Child:	Date:
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