



I, _____, being the parent/guardian of _____ (child's name), hereby authorize The Ohio State University Early Head Start Program and _____ (agency) to release/exchange pertinent information for the purpose of _____.

I understand that my family's information will be protected by state and federal laws of confidentiality. This release of information is valid during the time my child is enrolled in the Ohio State University Early Head Start Program. I understand the authorization is voluntary, and I may revoke it at any time with written notice.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Child's Name

Date of Birth

I, _____ (staff) have discussed this exchange of information with the parent/guardian listed above. I believe the parent/guardian fully understands this information and is giving informed and willing consent.

Printed Name of Staff

Date

Signature of Staff

Date

Phone Number _____

