



# Release of Information For Outside Agency

I \_\_\_\_\_ give Community Action of Southeast Iowa Head Start/Early  
Parent/Guardian (please print)  
Head Start staff permission to release and exchange information (check all that apply):

- Behavior reports, incident reports, brigrance scores, social-emotional questionnaire results, any classroom information
- Disability Information
- Health Information
- Mental Health information
- Agency/person to observe or that has observed my child in a classroom setting
- Other \_\_\_\_\_

Regarding my child, \_\_\_\_\_  
Child's Name (please print) Date of Birth

To/from \_\_\_\_\_  
(Print name of other Agency or Health Care provider)

I am aware that if I do not want to continue to have my child's information released to the above mentioned person, I am responsible to void this release by contacting my Family Development Specialist and/or my child's nurse or teacher.

This release is to remain in effect from today's date (as indicated next to my signature) until one year from today, unless I choose to void this release beforehand.

All the above information has been explained to me and all my questions regarding this release have been answered to my complete satisfaction.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date