



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
- Education Records
- Special Education Records
- Health Information
- Hearing Screening Results
- 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 _____
Great Prairie Area Education Agency (AEA)
(Print name of other Agency or Health Care provider)

This release is to remain in effect from today's date (as indicated next to my signature) until one year from today.

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