



Release of Information

I _____ give Community Action of Southeast Iowa Head Start/Early
Parent/Guardian (please print)

Head Start staff permission to release (check one):

ANY information

or ONLY the following information: _____

regarding my child, _____
Child's Name (please print)

to _____
(Print name of interested party)

Their relation to my child is _____
(i.e. parent, step-parent, grandparent, aunt/uncle, child care provider etc.)

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 Teacher.

This release is to remain in force 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

Staff Signature

Date