

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 <i>Early On</i> record to other agency(ies) or person(s).	
Agency(ies)/Person(s) to Whom Information May Be Released	
Agency/Person: _____	
Information to be released: <input type="checkbox"/> Full <i>Early On</i> record <input type="checkbox"/> Specific information within <i>Early On</i> record: _____	
Agency/Person: _____	
Information to be released: <input type="checkbox"/> Full <i>Early On</i> record <input type="checkbox"/> Specific information within <i>Early On</i> record: _____	

Authorization		
My signature below means I understand that:		
<input checked="" type="checkbox"/> My authorization to allow the sharing of information about my child is voluntary and expires: <ul style="list-style-type: none"> <input type="checkbox"/> upon exit from <i>Early On</i> or my child's third birthday. <input type="checkbox"/> one year after signature date. 		
<input checked="" type="checkbox"/> <i>Early On</i> 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 <i>Early On</i> .		
<input checked="" type="checkbox"/> Refusal to sign this authorization will not affect my ability to obtain <i>Early On</i> services.		
<input checked="" type="checkbox"/> I may revoke or cancel consent at any time, without penalty, by notifying <i>Early On</i> 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:		
<input type="checkbox"/> I authorize <i>Early On</i> 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		
<input type="checkbox"/> I do not wish to have any information released at this time.		
Signature of Parent/Guardian:	Relationship to Child:	Date: