

CARBON COUNTY CHILD DEVELOPMENT PROGRAMS

1705 Edinburgh 1114 W. Saratoga Ave 1801 Edinburgh

(307) 324-4951 (307) 326-5056 (307) 324-9571

RELEASE OF INFORMATION REQUEST

I, _____, _____ as
(Parent Name) (Address)

Parent/Guardian of _____,
(Child's Name) (Birthday)

hereby grant permission for Carbon County Child Development Programs to release **and/or** obtain information through written or verbal records: birth certificate, evaluation reports, consultation, examination reports and/or specified information requested.

TO AND FROM AGENCIES LISTED BELOW:

Project Reach and Excel Preschool and Early Intervention Center

Kari Skordas LCSW Uplift Counseling

Carbon County School District #1 and #2

Carbon County Public Health

Doctor: _____

Dentist: _____

Other: _____

I understand that my records cannot be released without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time, and that this consent expires automatically as follows:

(Specification of the date, event, or condition upon which this expires)

I understand that as a parent and legal custodian of my child I have the right to refuse the release of information. My signature hereunder is written acknowledgment of my permission.

Parent/Guardian Signature

Date

Witness

Date

Rev. 5/21 LS