

PERMISSION TO RELEASE INFORMATION

Date: \_\_\_\_\_

I understand that the time my child, \_\_\_\_\_  
is in the facility, that the director may be asked for information regarding my child.

I hereby give permission to release information to official persons only, who identify themselves, such as schools, health care personnel, welfare or other governmental officials.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\*\*\*\*\*

I do not give permission to release information about my child as set forth in the aforementioned statement. I realize that the Bureau of Services for Child Care has access to my child's record as the licensing agent.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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