



RELEASE OF INFORMATION

Head Start/GSRP

As the parent/guardian of _____,

- ___ **YES** - I authorized Whitmore Lake Early Childhood Center to share relevant information about my child with Early Childhood staff, my child's doctor and dentist, and other professionals as it relates to 1) coordinating services for my child and/or 2) completing my child's file for purposes of enrollment.
- ___ **NO - I DO NOT** authorized Whitmore Lake Early Childhood Center to share relevant information about my child with Early Childhood staff, my child's doctor and dentist, and other professionals as it relates to 1) coordinating services for my child and/or 2) completing my child's file for purposes of enrollment.

**This release will remain in effect for one year or until I revoke it in writing to
Whitmore Lake Early Childhood Center**

Parent/Guardian Signature

Date

RENEWALS ONLY -

Parent/Guardian Signature (renewal)

Date