

AUTHORIZATION FOR RELEASE OF INFORMATION

Childs Name: _____

Date of Birth: _____

Records Requested: _____

I give permission to Just Kids: An Early Childhood Learning Center to release and obtain such information as may be necessary to and from the following individual and/or agency:

Name: _____

Address: _____

Town: _____ State: _____ Zip Code: _____

Telephone: () _____

This information may include records of medical, educational, psychological, social history, speech and hearing, physical and/or occupational evaluations and/or therapy.

Signature: _____
Parent/Legal Guardian Foster Parent

Address: _____

Date: _____

-----Just Kids Office Use Only -----

Child is pending evaluation _____
Child is currently pending placement _____
Child is currently in program _____
Please obtain information _____
Please release information _____

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