

Head Start Center
Authorization for Release of Information

Head Start Center _____

Address _____

Phone Number _____

Staff Contact Name _____

Authorization for Release of Information

To: Ohio Department of Job and Family Services _____

Name/Agency/Organization

30 East Broad Street, 32nd Floor _____

Address

Columbus _____ Ohio _____ 43215

City State Zip Code

Re: _____

Name of child

Child's date of birth

By signing below, I do hereby authorize the _____

to release to the person, agency or organization listed above the following information: _____

For the purpose of: _____

Parent/Guardian Signature: _____ Date: _____

*Signature of Head Start Representative _____ Date: _____

*I explained that the granting of this consent is voluntary and may be revoked at any time. I also explained that revocation does not apply to any action taken before consent was revoked.

