Authorization to Release Information Form

As the parent/guardian of _____ (child's full name), I authorize the _____ (Child Care/Preschool program) to share information with the local School District regarding:

- Parent and child name
- Language preferences
- Child's home address OR elementary school they will attend for Kindergarten
- Days/Times your child attends the program
- Child's interests
- Social and cognitive development information

*This authorization to share information is valid for 1 year from date of signature.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian name: _____