



**CONSENT TO SERVICES and RELEASE OF Information**  
Under the Family Education Rights and Privacy Act (FERPA)

- ☐ I authorize Everett Public Schools Kids in Transition Staff/representatives to give out the names, address and ages of myself and family members to agencies, churches or others for the purpose of receiving services such as Rental & Financial Assistance, Holiday Gifts, donations and other services.
- ☐ I authorize Everett Public Schools Kids in Transition Staff/representatives to share my housing and financial information as I have reported to them, to community agencies, for the purpose of receiving services such as Financial and Housing Assistance, or assistance with other basic needs as identified.

Nicole McMurray, Liz Salazar, Susan Chriest  
Snohomish County Human Svcs. Dept..  
3000 Rockefeller Ave Everett, WA 98201  
M/S 305

Family Members included in this ROI:

Name: First & Last	Relationship to person completing this form	Date of Birth	Other Notes (if needed)
	<i>Self</i>		

This release may be revoked or withdrawn at any time in writing, but that will not affect any information already shared.

\_\_\_\_\_  
Parent/Guardian's Name/Relationship

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
EPS Kids in Transition Representative

\_\_\_\_\_  
EPS KIT Representative Signature

\_\_\_\_\_  
Date

This form is valid for (90 days or sooner): ☐ 90 days OR ☐ until \_\_\_\_\_. (Check one box)