## Snohomish County Early Childhood Education and Assistance Program Consent for Release of Information

Child's Name:	Date of Birth:	
Site:		
Directions: Obtain parent/guardian signature fo	or ONLY ONE consent/release section per f	orm.
Consent for use of Photographs (check only one bused in sites, recruitment materials, and event flyers.		ng program newsletters, web
General Release of Confidential Information (che I authorize ECEAP staff to release information to school kindergarten.		cilitate my child's transition to
Person to release information to:	Contact information:	
Type of information to be released:		
Reason for release information:		
	(ab advanta and base of fam)	
Release of Confidential Information for program I authorize ECEAP staff to publish my contact informatio includes:		mation to be published
Name:	Child's Name:	
Occupation:		
Address:		
Home phone:	Work Phone:	
Email:		
Release of Confidential Information to Service Pr I authorize ECEAP staff to give out the names, address of receiving services such as holiday gifts, donations and Names of Agencies/Programs/Organizations:	and ages of my family members to agencies, churc	hes or others for the purpose
In accordance with the requirements of the Family Performance Standard A-13, information sent or re written consent of the parent or guardian.	,	
Parent /Guardian Signature	ECEAP Staff Signature	Date
Date	ECEAP Staff Signature	Date
This form is valid for (90 days or soo	ner):	Check one box)