

**Snohomish County Early Childhood Education and Assistance Program**  
**Consent for Release of Information – Interpretation Services**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Site: \_\_\_\_\_

- ☐ I understand that my child's enrollment and/or my involvement in ECEAP is not dependent upon my consent to the release of information described below.
- ☐ I understand that I/we have the right to remain involved with ECEAP should we choose not to consent to the release of information.

☐ **Consent to share information to arrange Interpretation Services**

I authorize ECEAP staff to share the following confidential information in order to arrange interpretation or translation services for home visits, conferences, enrollment, school events or other necessary communication:

- My name
- Child's Name
- Child's Birth Date
- Home Address
- Phone number

I understand the above information is emailed to the agency arranging services, and is also emailed to interpreters to confirm appointments. I understand email is not confidential, and consent to including the above information with that understanding.

Child's Name: \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*In accordance with the requirements of the Family Educational Rights and Privacy Act of 1974, and the ECEAP Performance Standard A-13, information sent or received by ECEAP may not be shared with any other party without the written consent of the individual.*

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**This form is valid for (12 months or sooner):** ☐ **12 months** ☐ **until \_\_\_\_\_.** (Check one box)