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

Name:	Date:
Site:	
items listed below.	or my involvement in ECEAP is not dependent upon my consent to any of the
Consent for use of Photographs I give consent for my photograph(s) to be used in put recruitment materials, and event flyers.	lications and media for and by ECEAP, including program newsletters, web sites,
	o(s) on the Snohomish County website.
Consent to use MyTeachingStrategies™ Email Feature I authorize ECEAP staff to use the MyTeachingStrategies™ email feature to send me developmental information about my child from the online system, including photos of my child. I understand that email is not confidential, and consent to the use of this feature with that understanding. Child's Name: Email:	
Consent to include names in email I authorize ECEAP staff to use my name and my child's name in email communication with me regarding ECEAP. I understand that email is not confidential, and consent to the use of names with that understanding. Child's Name: Email:	
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 of	r sooner): 12 months until . (Check one box)