

# Confidential

\_\_\_\_\_  
Center

To: \_\_\_\_\_  
Name/Agency/Organization  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip Code

From: Sequatchie Valley Head Start \_\_\_\_\_  
P.O. Box 769  
South Pittsburg, TN 37380

Re: \_\_\_\_\_  
Name of child Child's date of birth

I do hereby authorize the Sequatchie Valley Head Start to release to and/or receive from the above named person, agency, or organization the following information:

Information to be released: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Information to be received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For the purpose of: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

I explained the purpose of this consent to \_\_\_\_\_ before it was signed.

Signature of Head Start representative: \_\_\_\_\_ Date : \_\_\_\_\_