

ISD: \_\_\_\_\_  
Campus: \_\_\_\_\_  
Teacher: \_\_\_\_\_  
Date Mailed: \_\_\_\_\_  
2nd Request: \_\_\_\_\_



Head Start/Early Head Start

## RELEASE OF INFORMATION CONSENT FORM

Child: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Patient I.D. (if applicable): \_\_\_\_\_

We are asking that you authorize the person or agency named below to release specified records containing confidential information regarding the above named student to:

\_\_\_\_\_  
Name of Person/Agency  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip  
\_\_\_\_\_  
Telephone Number

**Release to:**

Region 10 Education Service Center  
Preschool / Head Start / Early Head Start  
400 E. Spring Valley Rd.  
Richardson, TX 75081-5101  
-or-  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Records Requested (Specify):**

\_\_\_\_\_ Last Well Medical Exam/EPSTD Results--Date: \_\_\_\_\_  
\_\_\_\_\_ Lab Results, Hgb/Hct, Lead  
\_\_\_\_\_ Immunization Record \_\_\_\_\_  
\_\_\_\_\_ Last Dental Exam Results---Date: \_\_\_\_\_  
\_\_\_\_\_ Other (--specify--) \_\_\_\_\_  
\_\_\_\_\_ Medicaid Status

**PURPOSE OF DISCLOSURE: HEAD START REQUIREMENT**

Please check the Yes spaces only if you agree that the statements are correct. If the statements are not correct, check the NO spaces. If you wish to have more information or if you have any questions, please call the Head Start Site Facilitator at your child's school.

- Yes  No I have been fully informed and do understand the Head Start Program's request for my child's records. This information will be released upon receipt of my written consent.
- Yes  No I understand that my consent is voluntary and may be revoked in writing at anytime.

\_\_\_\_\_  
Signature of Parent, Guardian Date

\* Unless otherwise revoked, this authorization will expire one year from the date of my signature.

\_\_\_\_\_  
Signature of Interpreter (If Used) Date

ORIGINAL: Parent

COPY: Child's Folder

THIS INFORMATION IS TO BE USED WITH PROFESSIONAL STAFF ONLY IN KEEPING WITH FERPA AND I.D.E.A.-B CONFIDENTIALITY REQUIREMENTS. HS CH5, 06/94 Special Education Department, Education Service Center, Region 10 Revised 2/27/09

It is the policy of Region 10 Education Service Center not to discriminate on the basis of race, color, national origin, sex or handicap in its vocational programs, services or activities as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 503 and 504 of the Rehabilitation Act of 1973, as amended. Region 10 Education Service Center will take steps to ensure that lack of English language skills will not be a barrier to admission and participation in all educational programs and services.