Olympic Educational Service District 114
105 National Avenue North, Bremerton, Washington 98312
(360) 478-6887 ● 1-800-201-1300 ● FAX (360) 405-5808

Authorization to Exchange Information

Child _____DOB_____

I hereby authorize Olympic ESD 114 Early Head Start/Head Start/ECEAP Program to exchange confidential information with:

Agency Name	**Contact Person**
_____	_____

Check all that apply.

- ☐ Education Records
- ☐ Special Education Records
- ☐ Health Records
- ☐ Public Health Nurse
- ☐ Psychological/Counseling Records
- ☐ Other (Specify)

_____

_____

Authorization

This authorization is valid for one calendar year. It will expire on _____.
I understand the information obtained will be treated in a confidential manner and will not be transmitted to a third party without my permission. I understand it is my right to request a copy of all information and contest any information I feel is incorrect. I understand that I may revoke the authorization at any time by notifying staff in writing.

Signature _____ Date _____

Print name _____

Relationship to child _____Program Name_____

Parents as Teachers.

July 2017
2 Part NCR
White File
Yellow Family
Form