

EASTCONN Early Head Start & Head Start Release of Information

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| <input type="checkbox"/> Killingly Early Head Start & Head Start 562 Westcott Road, Danielson, CT 06239 Phone: 860-779-0410 Fax: 860-779-1377 | <input type="checkbox"/> Plainfield Early Head Start & Head Start at Moosup Gardens 10B Gorman Street, Moosup, CT 06354 Phone: 860-564-7199 Fax: 860-564-2630 |
| <input type="checkbox"/> Killingly Head Start at Killingly High School 226 Putnam Pike, Dayville, CT 06241 Phone: 860-779-6793 Fax: 860-774-0846 | <input type="checkbox"/> Putnam Head Start 33 Wicker Street, Putnam, CT 06260 Phone: 860-928-0004 Fax: 860-963-5357 |
| <input type="checkbox"/> Plainfield Early Head Start & Head Start 651 Norwich Road, Plainfield, CT 06374 Phone: 860-564-7787 Fax: 860-564-6409 | <input type="checkbox"/> Tolland County Head Start Home-Based Phone: 860-455-1586 |

AUTHORIZATION TO RELEASE/OBTAIN RECORDS AND INFORMATION

Child's Name: _____ DOB: _____

EHS/HS Program: _____

I Authorize, _____
Name of Service Provider & Address

To (DISCLOSE / OBTAIN) the following information to/from EASTCONN Early Head Start & Head Start regarding myself and/or my child:

- | | | |
|---|---|---|
| <input type="checkbox"/> Social Work Records | <input type="checkbox"/> Education Records | <input type="checkbox"/> Health Records |
| <input type="checkbox"/> Psychological Records | <input type="checkbox"/> Anecdotal Information/Verbal communication | <input type="checkbox"/> Consultation Reports |
| <input type="checkbox"/> Speech/Language Evaluations | <input type="checkbox"/> Grades/Transcripts | <input type="checkbox"/> Physical Exam &/or Immunizations |
| <input type="checkbox"/> Educational Evaluation | <input type="checkbox"/> Admissions and/or Discharge Summaries | <input type="checkbox"/> Authorization to admin medicines |
| <input type="checkbox"/> Planning and Placement Team minutes/IEP/IFSP | <input type="checkbox"/> Other (specify) _____ | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Other (specify) _____ | | |

Signature: _____ Date: _____
 Parent Guardian

Address: _____

Signature of Witness: _____ Date: _____