



## Consent for Release of Information

Students Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

As the parent/legal guardian of the above named child, I authorize the following organizations and/or school districts the right to exchange information regarding the enrollment of my child into the Great Start Readiness Program. Information released under this authorization may be subject to re-disclosure by the recipient of the information.

- ABC Academy
- Columbia
- Community Action Agency
- Michigan Center
- Napoleon
- Northwest
- Springport
- St. Mary's
- Vandercook Lake
- Western

I understand that I may revoke my consent to release information at any time. Otherwise, this consent form is valid for **one year** from the date the release is signed.

\_\_\_\_\_ / \_\_\_\_\_

(Signature of Parent/Legal Guardian)

(Date)

\_\_\_\_\_ / \_\_\_\_\_

(Witness)

(Date)