

**JEFFERSON COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES
EARLY START PROGRAM**

_____ LEAP
_____ OWF only

CONSENT TO RELEASE CONFIDENTIAL INFORMATION

CASE NAME: _____ CASE NUMBER: _____
CLIENT NAME: _____ ADDRESS: _____
CHILD'S NAME: _____ PHONE NUMBER: _____
DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

I, _____, hereby give full consent to the disclosure of information to or from the records of the Jefferson County Department of Job and Family Services to the Jefferson County Community Action Council Early Start program.

I understand that this information will be released to the Early Intervention Local Collaborative Group and Early Start Provider Agencies.

EXTENT OF INFORMATION TO BE RELEASED:

_____ Scholastic/Attendance Records
_____ Pertinent Social History
_____ Updated address and phone number
_____ Other: _____

I further understand that these records are protected by the state and/or federal confidentiality regulations, and cannot be disclosed without my written consent unless otherwise provided for in the regulation. I also understand that I may revoke this consent at any time. This consent expires automatically one year after the date below. A photocopy of this authorization shall have the same force as the original.

Signed this _____ day of _____, 20 _____

Signature _____
(Parent or Guardian) (Relationship)

Witness _____
(Caseworker)

Witness _____
(Social Worker)

Revoked _____