



## SoonerStart Early Intervention Program

### Consent for the Release of Confidential Information

I understand that these records are protected under federal and state confidentiality regulations and cannot be released without written consent unless otherwise provided for in the regulations. Federal regulations prohibit further disclosure of the records without specific written consent, or as otherwise permitted by such regulation. I also understand I may revoke this consent in writing at any time unless action has already been taken based upon this consent.

**Authorizing Person:** ☐ Child ☐ Parent ☐ Guardian ☐ Legal Custodian ☐ Other:

**Request that information concerning:**

Child's Name:	Date of Birth:	SSN:
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**Be released and authorize (Name and address of person or agency releasing information):**

Name:	Address:
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**To release to:**

Name:	Address:
Name:	Address:

**The following information (Kind and/or extent of information to be released):**

**For the following purpose(s):**

If the records to be disclosed are education records (which may include discipline records), they are maintained and released in accordance with the Family Education Rights and Privacy Act (FERPA). Parents or eligible students shall be provided a copy of the record to be disclosed if requested. Redisclosure, except as provided at 34 CFR 99.31, requires prior consent of parents or eligible students.

THE INFORMATION I AUTHORIZE FOR RELEASE MAY INCLUDE INFORMATION AND RECORDS WHICH MAY INDICATE THE PRESENCE OF A COMMUNICABLE OR NONCOMMUNICABLE DISEASE, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO , DISEASES SUCH AS HEPATITIS, SYPHILIS, GONORRHEA AND THE HUMAN IMMUNODEFICIENCY VIRUS, ALSO KNOWN AS ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS).

**☐ Notary**

Notary Name:	My commission number:
Subscribed and sworn to me 20	My commission expires: 20
Notary Public (or Clerk or Judge):	

**☐ Agency Verification in Lieu of Notary:**

Staff Signature:	Date:
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**Signature of Person(s) Authorizing Release:**

Name:	Date:
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