# EARLY INTERVENTION
# PERMISSION FOR THE RELEASE OF INFORMATION/RECORDS

Child's Name: _____

Child's Address: _____

Child's Date of Birth: _____ Child's Social Security Number: _____

Parent's Name: _____

I give my permission for the following individual or agency to release information about my child and/or family for Early Intervention evaluation, assessment, or services. I know this information will be private and will be used to provide Early Intervention services. I also know my permission is voluntary and at any time can be refused to any individual or agency listed.

The individual or agency allowed to release information is:

Name: _____
Address: _____
_____
Phone: _____ Fax: _____

The individual or agency allowed to release information is:

Name: _____
Address: _____
_____
Phone: _____ Fax: _____

The information should be sent to:

Name: _____
Address: _____
_____
Phone: _____ Fax: _____

The information should be sent to:

Name: _____
Address: _____
_____
Phone: _____ Fax: _____

The following information may be released:

☐ Screening/Intake Info/CF Referral
☐ Eligibility evaluation/Assessment reports
☐ IFSP(s)
☐ EI Service(s) Progress Notes
☐ Ongoing evaluation/assessment reports
☐ Health/Medical Records (specify below):
_____
☐ Other: _____

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_____
☐ Other: _____

The above information will not be released to any other individual or agency except as listed above without prior written permission by the parent. Photocopies of this release form will be considered as an original.

Parent's signature: _____

Date signed: _____

Expiration date of the Release form (if parent so chooses to select a date): _____