

# Doña Ana County Head Start Agency Release of Information

Parent Name \_\_\_\_\_ Child's Name \_\_\_\_\_ Child's DOB \_\_\_\_\_

I hereby authorize \_\_\_\_\_: obtain from the following  
release to the following

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number \_\_\_\_\_

The documents to be released are described or listed as:

- |                            |                           |
|----------------------------|---------------------------|
| Copy of File               | Health Information        |
| Disability Information     | Mental Health Information |
| Legal Documentation        | Education Information     |
| Family Service Information | Other _____               |

I understand that my authorization will remain effective from the date of my signature until \_\_\_\_\_, and that the information will be handled confidentially in compliance with all applicable federal laws.

I understand that I may see information that is to be sent, and I may revoke the authorization at any time by written, dated communication.

I release Doña Ana County Head Start and it's staff from any legal liability for disclosing or acquiring information, which I have permitted by signing this form.

I have read and understand the nature of this release.

\_\_\_\_\_  
(Signature of Parent/Legal Guardian) (Date)

I have explained to \_\_\_\_\_ the purpose of this release  
(Print Parent/Legal Guardian)  
and the disclosure which might reasonably be anticipated.

\_\_\_\_\_  
(Signature of Head Start Staff) (Date)

Dona Ana County Head Start  
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Las Cruces, NM 88001  
(575) 647-8733 phone  
(575) 647-8734 fax