



Alachua County Public School
Head Start/VPK Program

Authorization to Release Information

I authorize Head Start/VPK personnel to release records of my child (including educational, medical, family information and income eligibility) to other agencies for the purposes of evaluation and coordination of services for my child. I authorize Head Start/VPK personnel to engage in verbal, written, facsimile, or computerized communication regarding my child with other medical professionals and social service agencies. By signing this Authorization Form I acknowledge that I am giving my FULL consent to have ALL related medical and educational records and information exchanged between agencies according to HIPPA and FERPA regulations.

Child's Name

Birth Date

Parent/Guardian Signature

Date

Head Start/VPK Employee

Date