



## PERMISSION TO RELEASE INFORMATION

Child's Name: \_\_\_\_\_  
Last Name First Name

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Primary Guardian Name: \_\_\_\_\_

I understand that while my child is enrolled at Growing Together Academy, the Director may be asked for information regarding my child.

I hereby give permission to release information to official persons only, such as schools, health care personnel, and social agencies.

Primary Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

I do not give permission to release information about my child as set forth in the aforementioned statement.

I realize the Bureau of Service for Child Care has access to my child's records as the licensing agent.

I also realize that Growing Together Academy will cooperate with any request made by any welfare or law enforcement agency.

Primary Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_