

Release of Information

Child's Name: _____

Date of Birth: _____

AUTHORIZATION FOR RELEASE/RECIPT OF

INFORMATION: Northland Early Education Center is authorized to receive information from and to release information to the following for the above named individual.

____ Primary Pediatrician: _____

____ Neurologist: _____

____ Orthopedist: _____

____ First Steps, NW SPOE

____ Kansas City Regional Center

____ Children's Mercy Hospital

____ NKC Public Schools

____ Park Hill Public Schools

____ Smithville Public Schools

____ Liberty Public Schools

____ Other Public School: _____

____ Other: _____

IEP/IFSP:

Does child currently have an IEP or IFSP? ____ Yes ____ No

If so, name of school or lead agency: _____

Dates of current IEP/IFSP: _____ to _____

Signature/Relationship

Date

NEEC representative

Date