

RELEASE OF INFORMATION

Child's Name: _____ DOB: _____

Address: _____

Parent/Guardian: _____

I hereby authorize and request Northland Early Education Center (NEEC) to distribute full and complete records to the following agencies upon request:

Funders:

- Kansas City Regional Center
- Clay County DDRB
- Platte County Board of Developmentally Disabled
- School Districts within the Platte, Ray, and Clay county area

Licensing and Accreditation Personnel:

- Department of Health and Senior Services
- Commission of Accreditation for the Rehabilitation Facilities (CARF)
- National Association for Education of Young Children (NAEYC)
- Department of Elementary and Secondary Education (DESE)
- Quality Rating System (QRS)

This release of information is effective for up to one year, or with written revocation of this consent.

Signature of Parent/Guardian

Date

Signature of NEEC Staff

Date