





INTERAGENCY RELEASE & EXCHANGE OF INFORMATION

The early childhood years are important for your child and set the stage for success in school and later life. It is important to ensure that your child’s development proceeds well during this period.

By signing and dating this release and exchange of information, I allow the community partners of Sarasota County listed below to share specific information, including but not limited to, developmental screenings, curriculum-based assessments, consultation, and/or evaluations, both written and verbal, about my child and family in our best interests. I understand this is a cooperative effort among the partners of Sarasota County’s community programs/ agencies who are involved and interested in sharing, not duplicating information, resources, or efforts.

Community partners of Sarasota County:

- The Early Learning Coalition of Sarasota County / Child Care Connection
• Childcare Providers (Preschools/Private/Faith Based/Family Child Care Homes/VPK
• The Florida Center for Early Childhood
• Sarasota County School Board
• FDLRS-Child Find
• Gulf Coast Early Steps
• Safe Children’s Coalition

I, (Parent/Guardian), \_\_\_\_\_, hereby authorize the above agencies/programs to release and exchange information in order to coordinate services for my child.

This Release of Information Form/Consent is valid for one (1) year. I understand that at anytime between the time of signing and the expiration date I have the right to stop this interagency release and exchange of information.

Child’s Name: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_