Disclosure with Parental Consent

I, _____, hereby authorize the sharing of
(Parent/Guardian)

_____
(Clearly state what information/records may be shared)

regarding _____, _____
(First and Last Name) (Date of Birth)

between Northwest Michigan Community Action Agency, Inc. and

_____,
(School District, Agency, Professional, Other)

_____,
(Address)

_____,
(City, State, Zip)

Reason for Record Disclosure Request:

_____

Consent is voluntary and may be revoked by the undersigned at any time. Revocation is not retroactive and therefore does not apply to an action that occurred before the consent was revoked.

_____ _____
Parent/Guardian Signature Date

Not to exceed two years from the signature date, or upon exit of the program.