

# Release/Exchange of Confidential Information (Non Health)



## Non-Health Information Only

Family or Child's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Other identifying information that may help in locating records (case number, etc.): \_\_\_\_\_

Center/Site: \_\_\_\_\_

As the adult in this family OR the parent/guardian of the above named child, I authorize the mutual exchange of confidential information between Puget Sound ESD Early Learning programs and

\_\_\_\_\_  
Agency, Individual, or Local School District

\_\_\_\_\_  
City State Zip

Information to be exchanged: \_\_\_\_\_

Reason for exchange of information: \_\_\_\_\_

\_\_\_\_\_  
Adult/Parent/Guardian Signature Date

\_\_\_\_\_  
Staff Signature Date

\_\_\_\_\_  
Interpreter's Signature Date

\_\_\_\_\_  
Address City State Zip

Phone: \_\_\_\_\_

*In accordance with the requirements of the Family Educational Rights and Privacy Act of 1974, and the Puget Sound ESD Early Learning Confidentiality Policy, information sent or received by PSESD Early Learning may not be shared with any other party without the written consent of the parents or guardian.*

This consent is valid for 12 months from date of parent/guardian signature. A HIPPA form must be used for the exchange of any health related information.