

Child's Name: _____

Transfer Of Records

This form serves as permission to release your child's records (assessments, screenings, work samples, anecdotal notes, and other forms of documentation) to any school or agency requesting it. Examples of places that may wish to have this information are: Help Me Grow, Findlay City Schools, Family Resource Center, etc. The aforementioned schools and/or agencies may find this information helpful when working with and getting to know your child.

I grant permission to Owens Early Learning Center to release my child's records including: assessments, screenings, work samples, anecdotal notes, and other forms of documentation to **ALL** other schools and/or agencies requesting the information.

I grant permission to Owens Early Learning Center to release my child's records including: assessments, screenings, work samples, anecdotal notes, and other forms of documentation to the following schools or agencies **ONLY**:

I do **NOT** wish to have my child's records released to other schools or agencies at this time.

Parent Signature

Date

Agency/School to Send Record(s) to: _____

Contact Info. of School/Agency: *Phone:* _____ *Fax:* _____