

## Early On<sup>®</sup> Request for Information (Non-Health)

Child Information	
Child's Name:	Date of Birth:
Parent's/Guardian's Name:	
Purpose	
The purpose of this request is to collect information necessary to determine your child's eligibility for <i>Early On</i> , and to plan and provide services as determined through the multidisciplinary team process.	
Agency(ies)/Person(s) Authorized to Share Information with <i>Early On</i>	
The agency(ies)/person(s) listed below have permission to share the specific information listed about my child.	
Agency/Person:	Specific information to be shared with <i>Early On</i> :
Agency/Person:	Specific information to be shared with <i>Early On</i> :

Authorization		
<b>My signature below means I understand that:</b>		
<ul style="list-style-type: none"> <li>✓ My authorization to allow the sharing of information about my child is voluntary and expires upon exit from <i>Early On</i> or my child's third birthday.</li> <li>✓ Information received under this authorization becomes part of the child's educational record, and is protected by Family Educational Rights and Privacy (FERPA).</li> <li>✓ Information may be re-disclosed by <i>Early On</i> as part of the educational record protected by FERPA.</li> <li>✓ Refusal to sign this authorization will not affect my ability to obtain <i>Early On</i> services.</li> <li>✓ I may revoke or cancel consent at any time, without penalty, by notifying <i>Early On</i> in writing. Information that has already been shared based on this authorization cannot be taken back.</li> </ul>		
I have read and understand this authorization form (or it has been read to me in a language I understand) and:		
<input type="checkbox"/> I authorize the above listed agency(s)/person(s) to engage in verbal, written, and/or electronic communication in order to share specified records and information.		
OR		
<input type="checkbox"/> I do not wish to have any information shared at this time.		
Signature of Parent/Guardian:	Relationship to Child:	Date: