YWCA EARLY EDUCATION CENTER EDUCATE. EMPOWER.

eliminating racism empowering women ywca Tri-County Area

YW3CA Early Education Center
Authorization to Obtain/Release Information

I, _____, authorize **YWCA Tri-County Area** to obtain
(Parent/Guardian Full Name)
and/or release information, as well as communicate with, the following individuals and/or

organizations including school districts, in an effort to coordinate services for

_____.
(child's name)

Name of Organization, School District	Contact Person	Address	Phone number	Fax Number	Email Address

I understand that I may revoke this authorization at any time by contacting Casi Seals, YW3CA's Senior Director of Early Education.

_____ _____
(Signature of Parent/Guardian) **(Date)**

_____ _____
(Signature of Child Care Director) **(Date)**