

Alaska Child Care Resource and Referral Network- Alaska IN!

AUTHORIZATION FOR EXCHANGE OF INFORMATION

Instructions: Parent/Guardian: Please complete and return with your Alaska IN! Application for Special Needs Supplement

Child Care Resource & Referral Staff: When sharing this form with a person/agency listed below, cover the information of all other parties.

Child's Name: Date of Birth:

Address:

I, _____, authorize the mutual exchange of information regarding _____ between (_____ AEYC-SEA _____) and the persons/agencies listed below.

[] Child Care Provider: Family Child Care (Approved Home, Licensed Home, Group Home) or Child Care Center Address: Phone #:

[] Child Care Assistance Program/Contact: ATAP (Pass I) or Child Care Assistance Program Local Administrator (Pass II or Pass III) Address: Phone #:

[] Health Care Professional: Physician, Mental Health Professional, Infant Learning Specialist or local School personnel Address: Phone #:

[] Other: Address: Phone #:

This Authorization for Exchange of Information is valid for twelve (12) months from the date it is signed. Each person/agency will receive only their section to ensure confidentiality.

Signature of Parent/Guardian

Date

Relationship to Child



South Central Child Care Connection, Inc. P.O. Box 141689 Anchorage AK 99514-1689 Tel 907.563.1966 Fax 907.563.1959 Toll Free 1.800.278.3723 Toll Free Fax 1.877.563.1959 www.childcareconnection.org

Southeast AEYC-SEA P.O. Box 22870 Juneau, AK 99802 Tel 907.789.1235 Fax 907.789.1238 Toll Free 1.888.785.1235 www.aeyc-sea.org

Northern/Interior C.A.R.E.S. Resource and Referral 1908 Old Pioneer Way Fairbanks, AK 99709 Tel 907.479.2214 Fax 907.479.2486 Toll Free 1.866.878.2273 www.alaskacares.org