

CONSENT FOR RELEASE OF INFORMATION

I,	hereby give consent to Little Ones Preschool, Inc. to	
release information con	cerning my child,	to:
	(Name, address, phone #)	
and for the parties to be	able to discuss the information if ne	eded. This may include, bu
is not limited to, assessr	nents, observations, recommendation	ns, goals, etc.
Parent Signature		
Date		