



**CONSENT FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, hereby give consent to: \_\_\_\_\_

(Name, address, phone #)

\_\_\_\_\_ to release information concerning my child,

\_\_\_\_\_, to Little Ones Preschool, Inc. and for the parties to be able to

discuss the information if needed. This may include, but not be limited to, assessments,

observations, recommendations, goals, etc. I understand that this will help the teachers

meet my child's needs in the classroom.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date