



218-999-0814

Fax: 218-999-0842



Headstartadmin@kootasca.org



822 NE 5th Ave

Grand Rapids, MN 55744



www.kootasca.org

KOOTASCA Head Start

Proudly Serving Communities: Greenway / Deer River / Grand Rapids / Northome / International Falls

Revised 06/26/24

AUTHORIZATION TO RELEASE PROTECTED PERSONAL INFORMATION

Participant Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Birthdate: _____

I, _____, authorize KOOTASCA Head Start to Give information to Receive information from
(parent/guardian)
the third party listed below.

THIRD PARTY INFORMATION	Name: _____ Address: _____ Phone: _____ Fax: _____ Email Address: _____ Delivery Preference: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
INFORMATION TO BE EXCHANGED	<input type="checkbox"/> Screening Results <input type="checkbox"/> IEP/IFSP Evaluation <input type="checkbox"/> IEP/IFSP/BIP <input type="checkbox"/> Well Child Exam <input type="checkbox"/> Dental Exam <input type="checkbox"/> Diagnostic Assessment	<input type="checkbox"/> Enrollment Documentation <input type="checkbox"/> Attendance Records <input type="checkbox"/> Sign In / Sign Out Sheets <input type="checkbox"/> Health & Nutrition History <input type="checkbox"/> Assessments/GOLD Reports <input type="checkbox"/> Verbal Communication(s) <input type="checkbox"/> Other: _____
REASON FOR RELEASE	<input type="checkbox"/> Ongoing Continuation of Care <input type="checkbox"/> Personal Use <input type="checkbox"/> Assessment/Evaluation Purposes <input type="checkbox"/> Other: _____	

- ❖ I understand I may revoke this authorization by written request at any time to the address listed at the top of this form. I understand that the revocation will not apply to information that has already been released in response to this authorization.
- ❖ This authorization will automatically expire one year from the date of my signature, or _____.
- ❖ I understand there may be a retrieval and copy charge associated with the release.
- ❖ I understand that once information is released pursuant to this authorization, KOOTASCA Head Start / Invest Early cannot prevent the re-disclosure of the information to another third party.
- ❖ I understand this authorization must be filled out completely, signed and dated to be considered valid. A fax or photocopy that has not been altered will be considered as valid as the original.

Signature of Parent/Guardian

Date