

AUTHORIZATION FOR USE OR DISCLOSURE OF STUDENT INFORMATION TO AND FROM PRESCHOOL AGENCIES

Completion of this document authorizes the disclosure and/or use of personally identifiable student information between your child's preschool, (**Early Childhood Learning Center**) and the Orange County Department of Education's QualityStart OC QRIS for program evaluation and service planning purposes.

USE AND DISCLOSURE INFORMATION RELATED TO:

Student Name: _____
Last First MI Date of Birth

I, the undersigned, do hereby authorize _____, and the Orange County Department of Education's, QualityStart OC QRIS to exchange information regarding the above named Student.

Requested information shall be limited to the following: your child's ethnicity, primary language and results from Screening Tools: ASQ-3 and ASQ-SE/Developmental Assessment: DRDP-2015/Special Needs (IFSP/IEP)

RESTRICTIONS ON RE-DISCLOSURE

California law prohibits the requestor from making further or additional disclosure of private information to another third party unless the requestor obtains another authorization from you, or the disclosure is specifically required or permitted by law.

YOUR RIGHTS

This authorization shall be for one year. However, you may revoke this authorization at any time by submitting written revocation signed by you or your representative and delivered to the agency/persons listed above. Your revocation will be effective upon receipt, but will not be effective to the extent that the requestor or others have acted in reliance on this authorization. You have the right to receive a copy of this authorization.

Approval: _____

Printed Name Signature Date

Relationship to Student Area Code and Telephone Number