

Little Kids Village

Authorization For Release Of Information

Due to confidential reasons Little Kids Village will not release any information about your child without your permission. However certain information may need to be released for inquiries related to the State of Illinois for taxes, medical, billing, and collection of payment for services rendered. You will be made aware before any information is released.

You are authorized to release information regarding my child:

Name: _____ DOB: _____

Purpose of release:

Information released to:

Agency: _____

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____

This release form is valid for the duration n of time that my child is enrolled in the center at Little Kids Village learning Center.

Parent Signature _____ Date _____

Print _____

Director's Signature _____ Date _____