



Consent for Release of Information

I, _____, hereby give consent that the following information be shared with
(PLEASE PRINT Parent or Guardian Name)

The United Way Early Childhood Community Impact program from Freeport School District #145 for the purpose of data collection and determining the effectiveness of community literacy programs.

<u>Child's Name PLEASE PRINT</u>	<u>Date of Birth</u>
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My signature below signifies that I am allowing for the sharing of information/data/test scores for statistical data collection purposes only with United Way. I am approving that FSD145 share information related to my child's:

- It Takes a Village Reading Mentor Program participation &
- MAP Test Scores/AIMSWEB Test Scores

Results will be sent to the following program for **statistical purposes only**.

It Takes a Village/United Way of Northwest Illinois
524 W. Stephenson St. Suite 101
Freeport, IL 61032
Phone: 815-232-5184

It is understood that the person authorizing release of this information has the right to inspect and copy the information to be disclosed, and that this information will not be re-disclosed without proper authorization.

This consent is valid for one year, and may be revoked at any time except to the extent that action has already been taken. My relationship to person about whom information is to be released is legal custodian/guardian.

Parent/Guardian Signature

Date

Phone Number: _____

Parent email: _____