



CONSENT TO RELEASE OR EXCHANGE OF INFORMATION

I, _____, and I, _____,
FIRST AND LAST NAME OF APPLICANT FIRST AND LAST NAME OF CO-APPLICANT (IF APPLICABLE)

hereby give permission for the mutual release or exchange of information between Child Care Services and the following agency/agencies or person(s):

Four horizontal lines for listing agencies or persons.

I understand that the purpose of the information to be released is to coordinate services and to work cooperatively with other agencies on behalf of my family. I give my permission to release information about my Child Care Subsidy file including application and supporting documentation.

This release or exchange becomes effective YYYY/MM/DD and will be in effect for:
[] 3 months [] 6 months [] 12 months [] Expiry date: YYYY/MM/DD

This consent may be cancelled at any time by the undersigned person by contacting Child Care Services at 867-667-3492.

Signature of applicant: _____

Date: YYYY/MM/DD

Witness: _____

Date: YYYY/MM/DD

Signature of co-applicant: _____
(if applicable)

Date: YYYY/MM/DD

Witness: _____

Date: YYYY/MM/DD

The signature(s) above must be witnessed by an individual over the age of 18. The date of the witness signature must be the same date as the signature(s) above.