



www.elcpolk.org

RELEASE OF INFORMATION

I, _____ hereby give consent to the Early Learning Coalition of Polk County to request any and all information related to my financial eligibility for the receipt of federally-funded child care services and to make inquiry into all statements or information I have given. This includes, but is not limited to: dates of employment, earnings, child support, public benefits, and marital status.

This is a living document which will be used in a confidential manner and for as long as I am receiving School Readiness service from the Early Learning Coalition of Polk County.

Parent/Guardian Signature

Date