

2096 Red Arrow Trail
Madison, WI 53711
Telephone (608) 275-6740
FAX (608) 275-6756

PROGRAM/CLASSROOM: _____

ENROLLED CHILD: _____

CONSENT FOR TRANSFER OF FAMILY INFORMATION

I, _____ authorize Reach Dane/Reach Green staff to disclose
(Name of participant)

to/discuss with: _____
(Name of person and/or organization to which disclosure is to be made)

the following information: _____
(Identify how much and what kind of information can be shared, be as specific as possible)

The purpose or need for the above information is to coordinate services for my family and: *(Be as specific as possible)*

I understand that my records are protected under federal law and cannot be disclosed to anyone outside this agency or to any internal staff who do not need this information in order to provide needed services without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time (except to the extent that action has been taken in reliance on it), and that in any event this consent expires automatically one year from the date signed, unless otherwise noted: _____. A copy of this form is as effective as the original.

Date

Signature of Participant

Date

Signature of Witness