## **JEFFERSON COUNTY HEAD START**

serving Jefferson, Clear Creek, Gilpin, and Park counties

## **CONSENT TO EXCHANGE INFORMATION**

Child's Name:	Child's Date of Birth:				
Parent(s)/Guardian's Name:					
Address:	Ci	ty:		_ Zip:	
Phone # (H):	(\	N):			
Primary Language:	F	amily Interpret	er:		
As parent/guardian of the above n of confidential information between	en Jeffe	rson County He	ead Start	and:	
Individual/Agency/School District:					
Address:	City:	Sta	ite:	Zip:	
Individual/Agency/School District: Address:	ax:	_			
Information to be exchanged: (SCREENING RESULTS, CLASSROOM / FAMILY SERVICE	E OBSERVAT	IONS AND GOALS, BIRT	TH/INCOME VI	ERIFICATION,ETC.)	
Reason for exchange of informatio	n:				
Parent(s)/Guardian(s) Signature/D	ate	Head Star	t Staff Sig	gnature/Date	
In accordance with the requirements of the and the Jefferson County Head Start Const Head Start may not be shared with any ot or guardians(s).	nfidentia	lity Policy, inform	nation sent	or received by	
This consent form will expire on:		/	/		
This consent form will expire on: $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	lonth	Day	Year		

\*\*IF THIS IS FOR AN EXISTING FAMILY GOAL, PLEASE CONTACT JEFFERSON COUNTY HEAD START TO ENSURE THE DELIVERY OF SERVICES TO THE FAMILY IS MUTUALLY SHARED.

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## CONSENTIMIENTO DE INTERCAMBIO DE INFORMACION

Nombre de nino(a):	_Fecha de	echa de naciamiento del nino:				
Nombre de Madre/Padre/Guarian: _						
Direccion:Ciudad: _		_ Codigo Pos	stal:			
Nombre de Madre/Padre/Guarian: _ Direccion:Ciudad: _ Numero de telefono (H):	(T): _					
Lengaje Primaro:						
Yo Padre/Guardian de nino/a nomb informacion de confidencial entre				•		
Individual/Agency/Distrito de Escue	ela:					
Individual/Agency/Distrito de Escue Direccion: C	iudad:		Estado:			
Codigo Postal:						
Codigo Postal: Factorial Facto	ax:					
Informacion para entrecombiar: (Ruesultos de examenes, Salon /Servicios de Familia	OBSERVACIONS	y Metas, Acatas d	e nacimiento/Ingro	eso ,ETC.)		
Razon por la Informacion						
Firma de y Fecha del Padre/Madre/	'Guardian					
Firma de y Fecha del Personal						
In accordance with the requirements of the Family Education Rights and Privacy Act (FERPA), and the Jefferson County Head Start Confidentiality Policy, information sent or received by Head Start may not be shared with any other part without the written consent of the parent(s) or guardians(s).						
Este consent forma seral expire en:		/	/			
	Mes	Dia	Year			

\*\*IF THIS IS FOR AN EXISTING FAMILY GOAL, PLEASE CONTACT JEFFERSON COUNTY HEAD START TO ENSURE THE DELIVERY OF SERVICES TO THE FAMILY IS MUTUALLY SHARED.