



Northwest Community Action, Inc

PO Box 67 312 North Main Street Badger, MN 56714

Office: (218) 528-3258 Fax: (218) 528-3259 Head Start: (218) 528-3226

www.nwcaa.org

CONSENT FOR THE RELEASE OF INFORMATION

I, _____ hereby
(Name of Individual)

authorize _____ to disclose to Northwest Community Action, Inc.
(Organization making disclosure)

information regarding Income, Child Support, Public Assistance, (MFIP, DWP, SSI, etc.) Foster Care
(Specific data/records, type of information)

for the period of _____
(Requested dates)

for the purpose of My Child's application for Head Start or Early Head Start

I understand that my records are protected under State and Federal confidentiality regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time and that in any event this consent expires automatically as described below. I understand that information at Northwest Community Action, Inc. is limited to staff whose work assignments reasonably require access to my data within the purposes specified in the services provided.

I understand that this consent expires one year from the date of signature.

Signature of Applicant Date _____