

## Release of Information - Child Care


To:

### Authorization for the Release of Information

I, the undersigned hereby authorize you to release and forward to The Franklin County Department of Job and Family Services (agency), upon their request, information contained in your records necessary for the purpose of determining eligibility for Publicly Funded Child Care and/or for monitoring and evaluating the delivery of Publicly Funded Child Care. The information necessary for this determination is:

I have read or have had read and explained to me the above statement, and I fully understand its content. I further understand that any and all information obtained is to be held confidential according to law.

Signature

Printed Name

Address

Witnessed By

Date

Case Number

Social Security #

Agency