



2533 Lockbourne Rd Columbus, Ohio 43207-2170

[www.startingpointlearningcenter.org](http://www.startingpointlearningcenter.org)

## Authorization to Release Information

<b>Parent Name/Legal Guardian:</b>	<b>Phone Number:</b>
<b>Child Name:</b>	<b>D.O.B:</b>

I hereby authorize Starting Point Learning Center to

Obtain from the following

Release to the following

<b>Name:</b>	<b>Phone:</b>
<b>Address:</b>	<b>Fax:</b>
<b>City/State/Zip:</b>	<b>Email:</b>

The documents to be released are described or listed as: Physical and shot records

The records are required for the specific purpose of: Child Care

I understand that my authorization will remain in effect for one year and that the information will be handled confidentially in compliance with all applicable federal laws.

I understand that I may see the information that is to be sent, and that I may revoke the authorization at any time by written, dated communication.

I have read and understand the nature of this release.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date