Lower Columbia College Head Start/EHS/ECEAP
Parent/Guardian Revocation of Consent to Release Information

Please complete this form with **ALL** information.

Child's Name: _____ DOB: _____
Address: _____ Phone: _____
City/State: _____

Name of Individual/Agency: _____
Address: _____ Phone: _____
City/State/Zip: _____ Fax/Email: _____

I hereby revoke all prior signed consents to release information to any entity, including insurance companies, other providers, family members or legal entities. Even if you receive a request that has a copy of my signature, do not release any information from this chart.

This Revocation of Consent to Release Information includes verbal information about me or my child's records, as well as email communications. It will remain in effect indefinitely, unless I personally contact you to request otherwise.

PARENT REVOCATION

I understand that I am withdrawing this authorization, in writing and it will not affect my enrollment. The information is in accordance with state and federal laws/FERPA and Head Start/EHS/ECEAP policies and procedures.

I give my specific authorization for these records to be revoked.

Signature: _____ Date: _____
(authorized parent, legal guardian or authorized representative)

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Print on Yellow Paper

(C: 04/22)