



LOC ID # _____

Date: _____ Date of Birth: _____

Child's Name: _____

Parent/Guardian Name: _____

Dear _____:
(Provider Name)

Your client is currently enrolled in the Lower Columbia College Head Start/EHS/ECEAP Program. As indicated, program staff and I are requesting the following:

- ☐ Assigned Caseworker: _____
Contact Information: _____
- ☐ Intake Summary
- ☐ Family Assessments
- ☐ Family Plan or Family Goal (most recent)
- ☐ Progress Notes
- ☐ Other/Recommended strategies to support student and family: _____

Included with this letter is a completed Release of Information form signed and dated by the child's parent/guardian. Please send the requested information to my attention at:

LCC Head Start/EHS/ECEAP
P.O. Box 3010
Longview, WA 98632

or Fax to: 360-442-2819

Your time and assistance regarding this matter are greatly appreciated. If you have any questions regarding the requested information, please contact our main office at 360-442-2800 or headstart.info@lowercolumbia.edu. We look forward to your reply.

Sincerely,

Michelle (Chelie) Murphy
Family Services/Parent Engagement Specialist
360-442-2811

Fax Date & Staff Member Initials: _____

(C: 09/23)