



## Heritage Elementary Family Resource Center RELEASE OF INFORMATION

As the parent/guardian of \_\_\_\_\_, I give permission for the Heritage Family Resource Center to exchange necessary information with the agencies/organizations listed below as it relates to services for my child or family.

Agencies/organizations exchanging information with Heritage FRC on behalf of this client may include:

Awake Ministries  
Centerstone  
Family Doctors  
Mult-Purpose Community Action Agency  
Operation Care  
Department of Community Based Services  
Health Department  
Salvation Army  
Serenity Center  
Shelbyville/Franklin County Area Churches  
Utility Companies  
Other local agencies

This release will be valid until June 30<sup>th</sup> of the current school year, or until revoked by parent/guardian in writing.

\_\_\_ I give permission for any/or all of the above agencies listed above to exchange necessary information and services in meeting the needs of my child and/or family.

\_\_\_ I give my permission for any and/or all of the above agencies listed above to exchange necessary information and services in meeting the needs of my child or myself EXCEPT

\_\_\_\_\_.

\_\_\_ I DO NOT give permission for any and/or all of the above agencies to exchange necessary information and services in meeting the needs of my child or myself.

Signature of parent/guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to Melanie Madison, Heritage Family Resource Center Coordinator. If you have any questions, please call (502) 829-5242.