south dakota BIRTH TO THREE
The first three years build a lifetime

RELEASE OF INFORMATION AUTHORIZATION

Authorization to Obtain Information:

Permission is hereby granted to the Service Coordinator, representing _____
(Birth to Three Program Area Name)

To obtain the following specific information regarding _____ _____
(Child's Name) (Date of Birth)

Specific information to be obtained:

This information is to be obtained from (please specify PERSON, PHYSICIAN SERVICE PROVIDER OR INSTITUTE)

Signed _____
(Signature of parent or guardian)

Address _____

Date Authorized _____

This consent is subject to revocation at any time except to the extent that the program, which is to make the disclosure, has already acted in reliance on it. If not previously revoked, this consent will terminate upon: _____.

(List specific date, event or condition)

I understand that this information will be used to assist in the coordination of care and provision of services for my child and family.

Authorization to Release Information:

Permission is hereby granted to the Service Coordinator representing _____
(Birth to Three Program Area Name)

to release orally or in writing (including reproduction) of any official records relating to my child _____
(Child's Name)

_____. Specific information to be released: _____
(Date of Birth)

_____

Information will be released to: (please specify PERSONS, PROGRAM, SERVICE PROVIDERS or INSTITUTION)

Signed: _____
(Signature of parent or guardian)

Address: _____

Date Authorized: _____

This consent is subject to revocation at any time except to the extent that the program, which is to make the disclosure, has already acted in reliance on it. If not previously revoked, this consent will terminate upon: _____.

(List specific date, event or condition)

I understand that this information will be used to assist in the coordination of care and provision of services for my child and family.