



3075 Ridge Pike  
Eagleville, PA 19403



*Achieve with us.*

## Early Intervention Record Release Form

Parent's Name: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I, (parent's name) \_\_\_\_\_ hereby grant permission for The Arc Alliance Children's Services to release copies of notes and reports to be copied and retained by my child's guardian/teacher/child care provider on an as requested basis. I understand that if additional copies are needed for files, The Arc Alliance Children's Services is not responsible to make these copies.

This release is good until the child turns three years of age or is discharged from the early intervention program.

Names of persons or agency (Please include all who would apply):

\_\_\_\_\_  
\_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_