



## Ohio University Child Development Center Release Form

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

### Primary Guardian Contact Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_

This document is for the primary guardian of the child attending Ohio University Child Development Center. By signing this document you are giving OUCDC permission to have conversations with, conduct observations for and share documents including, but not limited to, standardized evaluations and assessments, individualized education programs, behavior intervention plans, functional behavior assessments, observation records and/or necessary medical records that pertain to the educational needs of your child. These documents will only be shared with the entity listed below. The sole purpose of obtaining and sharing these records will be to better understand the needs of your child.

I, (print your name) \_\_\_\_\_, hereby give permission for the following two entities to share records listed above.

•

\_\_\_\_\_  
(organization/school name)

• Ohio University Child Development Center