NORTH SLOPE BOROUGH

DEPARTMENT HEALTH & SOCIAL SERVICES
Barrow Early Learning Center
P.O. Box 69
Barrow, Alaska 99723

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Doreen Leavitt, RN, Director

Release of Information

Childs Legal Name:_____ Date of Birth:_____

Parent/Guardian Name:_____ Phone:_____

City/State:_____ Zip:_____

I, _____, hereby authorize the NSB Barrow Early Learning Center to release or exchange information for my child with:

Organization:_____

Mailing Address:_____

City/State/Zip:_____

Phone Number:_____ Fax:_____

I understand that I may revoke this authorization, in writing, submitted at any time to the NSB Barrow Early Learning Center, except to the extent that action has been taken in reliance on this authorization. If this authorization has not been revoked, it will terminate one year from the date of my signature.

_____ _____
Parent/Guardian Signature Date

_____
Parent/Guardian Printed Name