

**Fayette County School Corporation**  
**HEAD START**



306 W. Sixteenth Street  
Connersville, IN 47331

Phone: 765-827-0191  
Fax: 765-825-8221

RELEASE OF INFORMATION

\_\_\_\_\_  
AGENCY NAME

\_\_\_\_\_  
CONTACT NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
FAX NUMBER

I GIVE PERMISSION TO THE FAYETTE COUNTY SCHOOL CORPORATION  
HEAD START PROGRAM TO RELEASE INFORMATION/RECORDS  
PERTAINING TO MY CHILD, \_\_\_\_\_ TO THE ABOVE  
PERSONS/AGENCY.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE