



RELEASE OF INFORMATION



I, \_\_\_\_\_ give NEWCAP, Inc. permission to make inquiries and release information obtained from me (about myself and my family) to:

\_\_\_\_\_
Agency
\_\_\_\_\_
Address

Attention: \_\_\_\_\_
Phone/Email: \_\_\_\_\_

\*Two-way Release\*

I also give permission for the above-mentioned Agency/Worker to provide NEWCAP with information about me and/or my family.

I also exempt NEWCAP, Inc. from any litigation or liability resulting from the release of such information.

Furthermore, I give permission for the following specific information to be provided to NEWCAP about my child \_\_\_\_\_. (Please check all that apply):

- My child age 0 to 5 demonstrated improved emergent literacy skills in the past 90 days.
My child age 0 to 5 demonstrated skills for school readiness in the past 90 days.
My child or youth demonstrated improved positive approaches toward learning, including improved attention skills in the past 90 days. Please check appropriate grade level below.
Early Childhood Education (ages 0-5).
1st grade-8th grade.
9th grade-12th grade.
My child or youth is achieving at basic grade level (academic, social, and other school success skills). Please check the appropriate grade level below.
Early Childhood Education (ages 0-5).
1st grade-8th grade.
9th grade-12th grade.

- This release is valid until participant graduates from the coaching program.
This release expires when the information below has been released.
The information released/received is only for the purpose of determining eligibility, providing services, and providing case management. Unless identified below, this is a general information release.
I am authorizing only a limited release/receipt of information. Only the information listed below is authorized for release/receipt:

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

Participant Signature Date Coach Date