



Release of Information

Child's Name: _____ Child's Date of Birth _____

Parent's Name: _____

I understand that the purpose of this form is to give my permission for Metro United Way Ages & Stages (ASQ) Network to share my and my child's contact information and ASQ RESULTS with Urban Strategies and Play Cousins Collective. This will allow Metro United Way's ASQ Network, which includes Parent Advocates at Play Cousins Collective, Inc., to stay in contact with myself and my child and share my participation information with Urban Strategies. This will allow me to keep getting benefits from the program.

I authorize the release of my child's *Ages & Stages Questionnaire* contact information AND RESULTS between

MUW
334 East Broadway
Louisville, KY 40202

AND

Play Cousin's Collective
401 Northwestern
Parkway
Louisville, KY 40212

AND

Urban Strategies
Liberty Green Community
Center
504 E Jefferson St. 40202

I understand that the purpose of this disclosure is to allow the educators at Urban Strategies and parent advocates at Play Cousins Collective to assist parents in the understanding of developmental milestones of their children and to help connect children to services, if needed.

I understand that my child's contact information or results will not be shared or released to any other entity. Metro United Way will use the results of all *Ages and Stages Questionnaires* combined for statistical purposes only, to inform the community about how ready children are for school and to develop strategies to address this issue.

_____ I give my permission for Metro United Way, Play Cousins Collective and Urban Strategies to share my child's contact information and RESULTS.

_____ **I DO NOT** give my permission for Metro United Way, Play Cousins Collective and Urban Strategies to share my contact information and RESULTS.

Parent Signature

Date

This release is valid until parent or custodian opts out.