



Early Learning Coalition of Lake County
Innovative Services for Lake County's Children

AUTHORIZATION TO RELEASE INFORMATION

*Parent or Guardian Name: _____

Date of Birth: _____ **Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

I do hereby authorize to furnish the requested information to:

Name: Early Learning Coalition of Lake County

Address: 1300 Citizen's Blvd., Suite 206

City: Leesburg State: Florida Zip Code: 34748

This release of information applies to:

Income Received

Employment Schedule

School Schedule

Other: ANY INFORMATION NECESSARY TO DETERMINE CLIENT ELIGIBILITY

PARENT OR GUARDIAN'S SIGNATURE: _____

DATE SIGNED: _____

*Please have an Authorization to Release Information Form signed for each participating member of your household who is over the age of 18.

**SSN Optional