



Authorization and Consent to Release Information

We are requesting information for the following purpose(s):

- Enrollment processing
- Provide information essential to evaluate and plan an individualized program
- Provide ongoing support in program

Child's Name (Last, First, MI): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth (mm/dd/year): _____ Phone #: _____

Wisconsin Youth Company (WYC) honors the individual's right to confidentiality of information as protected under federal and state law. Please read the following guidelines before signing this form.

NO OBLIGATION TO SIGN. You are under no obligation to sign this form, and you may refuse to do so. This information is used by **WYC** to assist in understanding your child and planning care accordingly; **WYC** makes every attempt to accommodate specific child health or behavior concerns working within the Wisconsin State Licensing Regulations for child care providers.

REVOCAION. You have the right to revoke this authorization, in writing, at any time before it expires. However, your written revocation will not affect any disclosures of your information that any authorized person(s) and/or organization(s) have already made, in reliance on this authorization, before the time you revoke it. Your revocation must be made in writing and addressed to: **Wisconsin Youth Company, 1201 McKenna Blvd., Madison, WI 53719.**

RESTRICTED ACCESS TO INFORMATION. Access under this release includes permission to obtain copies of records, access to records and/or oral discussion of information with staff and individual service providers. You may choose to limit access to specific records and providers.

Information to be disclosed. Please check below only approved types of information to be disclosed (column A), and who may disclose it (column B):

A.

- I.E.P. Evaluation Reports and/or Assessments
- Reports
- Notes
- Evaluations
- Oral discussion regarding the needs of the child
- Other (please specify): _____

B.

- Social Workers
- Teachers
- Therapists
- Other Agencies
- Other (please specify): _____

I authorize the above checked categories to be released to Wisconsin Youth Company, 1201 Mckenna Blvd., Madison, WI 53719, 608-276-9782 from the sources below:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

This authorization will remain in effect for one (1) year, unless you specify that this authorization will be in effect for a different time period.

Other expiration date (mm/dd/year): _____

In accordance with the conditions listed above, I authorize use and/or disclosure of my child's family, personal, medical, educational, or behavior related information.

My relationship to child named above is: Parent of minor Legal guardian Other (please specify) _____

 **Signature:** _____ **Date (mm/dd/year):** _____