

NYC EARLY INTERVENTION PROGRAM
PARENTAL CONSENT TO OBTAIN/RELEASE INFORMATION

Child's EI ID No. _____ Child's DOB: ____/____/____

Child's Name: _____
Last First

Address: _____ Apt. No. _____
Street

_____ Zip Code _____
City Town State

I, _____, give my consent to have my child's
Name of Parent/Guardian (Please print)

records released by Los Niños Services, Inc. and sent
Name of Provider Releasing Information

to _____
Name of Provider Requesting Information

Address of Provider

of the purpose of determining an appropriate early intervention evaluation, placement,
and/or services for my child.

Signature of Parent/Guardian

____/____/____
Date Signed

NOTE: A reproduced copy of this signed form is deemed to have the same force and effect as the original.