

**RANDOLPH COUNTY BOE HEAD START CONSENT TO OBTAIN
AND RELEASE INFORMATION**

**To: Randolph county BOE School System
98 School Drive
Cuthbert, GA 3840**

**From: Randolph County BOE Head Start
214 North Highland Avenue
Cuthbert, GA 39840**

Child's Name

Birth Date

**I do hereby authorize the Randolph County BOE Head Start Program to obtain or release
to _____ any of the following information:**

Evaluation

IEP

Physical or medical limitations

Diagnostic Information

Description of child 's strength/weaknesses

Special learning conditions

**These will be used for the purpose of appropriate placement in and services from the
Public School System.**

Parent or Guardian's

Date

I explained the purpose of the content to _____

Before it was signed.

Signature of Head Start Representative

Date