STUDENT PARENTING PROGRAM

A County Assistance Office Contractor of Services, also known as ELECT Program.
Program Office: 816 Park Ave North, Erie, PA 16502
Phone: (814) 874-6461

CONSENT FOR RELEASE OF INFORMATION

CLIENT NAME: _____ **BIRTHDATE** _____

In compliance with the Family Education Rights and Privacy Act of 1974 (PL 93-380), Pennsylvania MH/MR Act of 1966, and MH Procedures Act of 1976, **I AUTHORIZE THE RELEASE OF INFORMATION** so the Student Parenting Program can share and receive relevant information to maximize services with various agencies applicable for my daughter/son. The purpose of information sharing will be to assist in the coordination of services with local programs, to help clients and children stay healthy, to complete mandated forms, verifications, and reports for funders and County Assistance Office, to confirm receipt of benefits with agencies as necessary, to track pregnancy outcomes, and to help clients plan for life after the receipt of their diploma or GED. The most common types of information and agencies include, but are not limited to the following:

TYPES OF INFORMATION	TYPES OF AGENCIES/FUNDERS

• Medical Information
• School/Academic Information
• Social History Information
• Child Services Information
• Client/Child Immunization Records
• Insurance Information
• Welfare/Benefits Information
• Employment Information
• Other Relevant Case Information
	• PA Departments of Human Services and Education
	  ○ Erie County Assistance Office
	  ○ Early Learning Resource Center (ELRC)
	• PA and Erie Departments of Health
	• PA Centers for Schools and Communities
	• Erie Family Center
	• Women, Infants, Children (WIC) Nutritional Services
	• Other Relevant Programs/Services

All information will remain in strict confidence unless reporting is mandated. No personal information will ever be released to the public (only compiled statistics may be used for reporting and/or fundraising purposes).

I understand that this consent can be revoked by written request to the address listed above, except to the extent that action had been taken relying upon this consent. The consent will remain in force for a reasonable time in order to carry out the purpose for which it is given. Please contact the Student Parenting Program with any questions.

_____	_____	_____
Date	*Client Name (print)*	*Signature of Client (over age 14)*
_____	_____	_____
Date	*Parent/Guardian Name (print)*	*Signature of Parent/Guardian*
_____	_____	_____
Date	*Witness Name (print)*	*Signature of Witness/Title*

☐ **Check here if client has completed this form on their own behalf because they are at least 18 years of age at enrollment.**