

**Authorization to Release Information**

Full Legal Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This signed authorization permits **Ohev Shalom of Bucks County** to release all files related to my child’s enrollment at the Ohev Shalom ELC to **Federation Early Learning Services** (FELS).

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Printed Name of Parent/Guardian Date

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Printed Name of Parent/Guardian Date