

Authorization for the Release of Information

Kids Count Too, Inc. licensed foster parent(s)_____ are/is hereby requesting information pertaining to our/my foster care license , including but not limited to homestudy, financial statement, fire inspection, background checks and Child Characteristic Checklist be sent to:

Name of the person, institution or agency receiving the information:

Signature of Client / Parent / Guardian

Date

Signature of Client / Parent / Guardian

Date

Name and Signature of Agency Representative

Date

This consent for release of information will expire one hundred twenty days (120) from the signature and date of this form.