



I \_\_\_\_\_ (Parent/Guardian) give permission to The Temple-Tifereth Israel Early Learning Center, Ganon Gil to release the following documentations to:

Name: \_\_\_\_\_

C/O: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

I am requesting the following forms for release:

- Medical Records
- ASQ/DECA/BRACKEN Results
- Kindergarten Transition Form
- Other: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

