



RELEASE OF RECORDS REQUEST FORM

Parents/Guardians must sign consent for Shasta Head Start Records to be released. Please allow 72 hours to process this request.

Child's Name	Child's Date of Birth	Nicknames or Aliases of Child or Parent	Nicknames or Aliases of Child or Parent	Year Child Attended Shasta Head Start	Phone Number

I, _____, request the records of my child _____.
(Parent/Guardian Name) (Child's Name)

Please describe the records you are requesting: ☐ Enrollment Verification Letter

I would like to :

Pick up the requested records/Enrollment Verification Letter ☐ YES ☐ NO

Please mail requested records/Enrollment Verification Letter to the following address:

Parent Signature: _____ Date: _____

Staff Signature: _____ Date: _____

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Staff must complete the following steps upon receipt of request.

- ☐ Scan to Family Services Department
- ☐ File in Parent Contact Binder, behind contact records
- ☐ Confirm Release of Records Request has been attached in ChildPlus by Family Services within 3 – 5 business days