

Tri-County Head Start/Early Head Start
Permission to Share Information with Resource Agencies

I, _____, give Tri-County Head Start/Early Head Start permission to contact resource agencies on my behalf such as: WIC, Healthy Start, pregnancy centers, churches, and social service agencies as well as any additional assistance programs.

List any agencies contacted below:

Agency Name

Date of Contact

Agency Name

Date of Contact

Agency Name

Date of Contact

Agency Name

Date of Contact

Agency Name

Date of Contact

Agency Name

Date of Contact

Agency Name

Date of Contact

Agency Name

Date of Contact

Parent/Guardian Signature

Date

Witness

Date