

**San Bernardino City Unified School District
Child Development Program**

Employer Release/Income Declaration

Mother's Name/Guardian: _____

1. I authorize the contractor to contact my employer.
2. A request for income verification would adversely affect my employment.
3. I am currently not employed
4. I am self employed
5. I receive Foster Assistance
6. Other sources of income: _____

Employer Name	
Phone	
Address	

If applicable

Father's Name/Guardian: _____

1. I authorize the contractor to contact my employer.
2. A request for income verification would adversely affect my employment.
3. I am currently not employed
4. I am self employed
5. I receive Foster Assistance
6. Other sources of income _____

Employer Name	
Phone	
Address	

I hereby certify under penalty of perjury under the laws of the State of California that the information stated above and any documents submitted herewith, are true and correct to the best of my knowledge, and that none of such information or documentation is misleading, untrue or false. I further understand and acknowledge that by signing this statement, the above information and submitted documents herewith are subject to verification and hereby grant SBCUSD, the authority to verify such information and documents.

Mother's Signature/Guardian

Date

Father's Signature/Guardian

Date

FOR OFFICE USE ONLY: I attest that the information stated above is consistent with our community		
_____ Signature	_____ Title	_____ Date