

A.C.C.E.S.S.

A Child Care & Education Services System Child Care Subsidy Programs

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Merced, CA 95341
(209) 381-6790
FAX: (209) 381-6799

☐ 110 West G Street, Suite C
Los Banos, CA 93635
(209) 827-5694
FAX: (209) 827-5693

Authorization For Release of Information

To: _____ Date: _____
(Name)

(Agency/organization from which information is being requested)

(Address)

I, _____, hereby authorize you to release to A.C.C.E.S.S. Child Care Subsidy Program operated by the Merced County Office of Education any of the following information solely for the purpose of determining my initial and ongoing eligibility for the A.C.C.E.S.S. Child Care Subsidy Program:
Employment/training verifications, wages/earnings/salary/advances/tips/bonuses, child support, financial aid, allowances for housing or automobiles provided as part of compensation, disability or unemployment compensation, survivor or retirement benefits, TANF, Social Security benefits, pensions or annuities, any other public assistance cash benefits, and/or the following: _____

_____ I am interested in dual enrollment in the Merced County Early Head Start- Family Child Care Partnership
Initial and authorize the release and exchange of my information to determine eligibility.

Prior to signing this Release of Information form, the above information was entirely completed and was read by me or to me. I fully understand that by signing this form I give full permission for any or ***all*** of the above information to be released to A.C.C.E.S.S. of Merced County. ***This release shall be in effect for one year from the date of my signature.***

Parent Signature/Mark

Parent Printed Name

Date Signed