



SHARING OF INFORMATION

I understand that Jordan's Principle services involve a partnership among individuals and agencies providing direct service to: _____

(Child's name)

Information cannot be received from, nor shared with, these agencies without my permission. I may withdraw or change permission to any individual or agency at any time.

I give Jordan's Principle permission to share and receive information about:

(Child's name)

With the following individuals or agencies:

Signature: _____

Witness: _____

Date: _____

Note: This release can be voided by the Parent/legal guardian at any time.

Revised: May/2022