Central Council Tlingit and Haida Indian Tribes of Alaska
TLINGIT & HAIDA HEAD START
Mailing Address: P.O. Box 25500 • Juneau, AK 99802
Physical Address: 9095 Glacier Highway • Juneau AK 99801
Phone 907.463.7127 • Toll Free 800.344.1432 • Fax 1.877.389.7796 • www.ccthita-nsn.gov

ERSEA (Enrollment)
Request to Release & Exchange Information and Notice of Confidentiality

Dear Parents/Guardians:

To provide your family with quality services, it may be necessary to release and exchange information with others that serve your family and child. For example, to review your child's eligibility, Head Start will need income statements from ATAP or TANF. Other examples are to allow Head Start to send immunization records to your child's local school when he/she transitions to kindergarten, or request current immunization, physical or dental exam records from your child's health care providers. Your written consent is required to legally release and exchange information. This Request to Release & Exchange Information form allows us to share this information between programs/agencies.

All information gathered is kept confidential and released only when your permission is given. Parents and legal guardians of Head Start children have the right to access their child(ren)'s files at the Head Start center as well as at the Head Start Central Office located in Juneau, Alaska.

CHILD'S FIRST & LAST NAME:	**CHILD'S DATE OF BIRTH:**

Alaska Temporary Assistance Program (**ATAP**) Benefits-Case worker: ______________________________
Temporary Assistance for Needy Families (**TANF**) Case worker: ______________________________
Supplemental Security Insurance (**SSI**) Benefits-Case#: ______________________________
State Disabilities Assistance Benefits-Case#: ______________________________
Foster Care-Health & Social Services: ______________________________
Guardianship – Alaska Legal Services: ______________________________

SEARHC requires a specific Release of Information form to release & exchange information to Head Start. If you are a SEARHC client, please complete a Head Start & SEARHC form in addition to this ROI form.

I request the following information for me or my child to be released and exchangedbetween Tlingit & Haida Head Start:

PROVIDE CLINIC NAMES (REQUIRED):

Dental Records / Name of Clinic: ______________________________
Medical Records & WIC / Name of Clinic: ______________________________
Immunization & TB Test Records/Name of Clinic: ______________________________

Please fill out if you receive these services for your child:

NAME OF AGENCY (REQUIRED):

Infant Learning Program (ILP) / or Other Program: ______________________________
Developmental Screening and Assessment Information at: ______________________________
Individualized Education Program (IEP or IFSP) from Local Education Agency (LEA): ______________________________
Behavioral or Social/Emotional Service Agency: ______________________________
Individual Learning Plan (ILP) Records from another Pre-K Program: ______________________________
Other (records created during Child Find, Tots Clinic, etc.): ______________________________

This release & exchange of information is valid for 12 months from date signed.

PARENT/GUARDIAN SIGNATURE	**PRINTED NAME**	**DATE**