GCI-1039A FORENG (5-20)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Arizona Early Intervention Program (AzEIP)

CONSENT TO OBTAIN INFORMATION

I, _____ give my informed consent for:
Parent/Responsible Party

Name of Person or Agency releasing records: _____

Address *(No., Street)*: _____

City: _____ State: _____ ZIP Code: _____

To release and share information (in writing and/or conversation) regarding:

Child's full name _____ Date of Birth _____

with the Arizona Early Intervention Program. The Arizona Early Intervention Program includes the participation of and sharing of information between the following agencies that determine agency eligibility and provide early intervention services: Department of Economic Security (DES), Arizona Early Intervention Program, DES/Division of Developmental Disabilities (DDD), and the Arizona State Schools for the Deaf and the Blind (ASDB).

Documents and records should be faxed or mailed to:

Name of AzEIP person/agency: _____ Fax No.: _____

Address *(No., Street)*: _____

City: _____ State: _____ ZIP Code: _____

I specifically consent to the following information being disclosed to the above listed person/agency:

_____

This consent is valid for one year (12 months) unless I revoke it before the end of that time.

_____ _____
Print or Type Full Name of Parent(s)/Responsible Party *Relationship to Child*

_____ _____
Signature of Parent(s)/Responsible Party *Date*

This form is to be used to obtain records from individuals/programs, such as physicians, Early Head Start, etc. Complete the form only if necessary; all sections must be completed for the parent/responsible party to sign.