

# XYZ CHILDHOOD TRAINING, LLC.

## RELEASE OF INFORMATION FORM

We understand that your information is personal and we are committed to protecting the privacy of that information. Because of this, it is necessary that we obtain your written authorization before we may use or disclose your information to any entity. This form provides authorization to confirm that you are properly aware of who will view your information and why it is being used or disclosed.

*Please read the information below carefully before signing this form.*

I, \_\_\_\_\_, hereby authorize XYZ Childhood Training LLC to disclose information and records regarding my continuing education units, core of knowledge hours and any trainings or workshops that I have attended. The information disclosed pertains to my completion or incompleteness of required training sessions and workshops to receive continuing education units or core of knowledge hours.

Please be advised that this form serves as authorization for XYZ Childhood Training LLC to confirm my training status and provide any necessary information regarding my attendance and engagement during the XYZ's training sessions, workshops and seminars. If the requesting entity would like to obtain a copy of my certificate of completion, I understand that payment must be rendered in accordance with XYZ's Training Policies and Procedures.

*Please complete all sections below:*

**1. Name of person whose information will be released (Please print):**

\_\_\_\_\_ **Phone:** \_\_\_\_\_

**2. Name(s) and address(es) of person(s) who will be receiving this information:**

\_\_\_\_\_  
\_\_\_\_\_

**3. Reason for disclosure of information (Please specify):**

\_\_\_\_\_

By signing this form, I authorize release and disclosure of information regarding services provided by

XYZ Childhood Training LLC from \_\_\_\_\_ to \_\_\_\_\_.

(Today's date)

(Expiration date of this form)

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_