YMCA of Greater Seattle
Dale Turner Family YMCA
Chase Lake Elementary Preschool

Consent for Exchange of Information

Child's Name: _____ Grade: _____

I hereby authorize the exchange of information with the agency/person(s) listed below:

Name of school or agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____)_____ Fax: (_____)_____

I understand that the information obtained will be treated in a confidential manner and will not be transmitted to a third party without my permission. I also understand that it is my right to request a copy of all information and contest any information I feel is incorrect.

_____ _____
Parent/Guardian Signature Date

Address: _____

City: _____ State: _____ Zip: _____

Home phone: (_____)_____ Work phone: (_____)_____

Relationship to child: _____

Requested by: _____

YMCA
OF GREATER SEATTLE
We build strong kids, strong families, strong communities.