

授权发放 **Early On**[®] 记录
Authorization to Release **Early On**[®] Record

孩子信息

Child Information

孩子姓名：
Child's Name:

出生日期：
Date of Birth:

家长/监护人姓名：
Parent's/Guardian's Name:

用途

Purpose

该表旨在获得家长同意，以便将 *Early On* 记录中的信息发放至其他机构或个人。

The purpose of this form is to obtain parental consent to release information from the *Early On* record to other agency(ies) or person(s).

可以向其发放信息的机构/个人

Agency(ies)/Person(s) to Whom Information May Be Released

机构/个人：

Agency/Person:

要发放的信息：

Information to be released:

完整 *Early On* 记录

Full *Early On* record

Early On 记录内的具体信息：_____

Specific information within *Early On* record: _____

机构/个人：

Agency/Person:

要发放的信息：

Information to be released:

完整 *Early On* 记录

Full *Early On* record

Early On 记录内的具体信息：_____

Specific information within *Early On* record: _____

授权

Authorization

下面的签名表明我知道：

My signature below means I understand that:

- ✓ 我允许分享孩子相关信息的授权属于自愿，到期日为：
- ✓ My authorization to allow the sharing of information about my child is voluntary and expires:
 - 从 *Early On* 退出时或我孩子的三岁生日。
 - upon exit from *Early On* or my child's third birthday.
 - 签名日期后一年。
 - one year after signature date.
- ✓ *Early On* 对我已经列出以接收受保护信息的机构/个人不享有控制权。因此，根据本授权披露的我的受保护信息不再受《家庭教育权和隐私法》(FERPA) 要求的保护，并且 *Early On* 不再对此负责。
- ✓ *Early On* has no control over the agency(ies)/person(s) I have listed to receive my protected information. Therefore, my protected information disclosed under this authorization may no longer be protected by the requirements of the Family Educational Rights and Privacy Act (FERPA), and will no longer be the responsibility of *Early On*.
- ✓ 拒绝签署此授权不会影响我获得 *Early On* 服务的能力。
- ✓ Refusal to sign this authorization will not affect my ability to obtain *Early On* services.
- ✓ 我可以随时通过书面记录通知 *Early On* 撤销或取消同意，而无需罚款。已经基于此授权分享的信息无法收回。
- ✓ I may revoke or cancel consent at any time, without penalty, by notifying *Early On* in writing. Information that has already been shared based on this authorization cannot be taken back.

我已经阅读并理解此授权表（或者已经有人用我理解的语言向我阅读），并且：

I have read and understand this authorization form (or it has been read to me in a language I understand) and:

- 我授权 *Early On* 与已确定的机构或个人进行口头、书面和/或电子通信，以便发放列出的信息。
 - I authorize *Early On* to engage in verbal, written, and/or electronic communication with the identified agency(ies) or person(s) in order to release the information listed.
- 或
OR
- 我不希望此时发放任何信息。
 - I do not wish to have any information released at this time.

家长/监护人签名：

Signature of Parent/Guardian:

与孩子的关系：

Relationship to Child:

日期：

Date: