



2508 South 8th Street Sheboygan WI, 53081 (920) 457-1999

AUTHORIZATION FOR DISCLOSURE

Child Care Provider, this includes, but is not limited to, County agency amounts of child care payment, records of parent payments for child care, records of child attendance, terms and conditions or policies of child care provider, general care and observation of the child.

Initial _____

Sheboygan County Economic Support RECORDS, this includes, but is not limited to, County agency amounts of child care payments, records of parent employment household makeup, and any other services I may be eligible or currently receiving through Sheboygan County Social Services.

Initial _____

Employment/Employer verification, this includes, but is not limited to, employment verification through paycheck stubs, telephone, and or email.

Initial _____

A photocopy of this Authorization shall be as valid and acceptable as the original and applies to past and future records.

Signature _____

Date _____



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Photo Release Form

Permission to Use Photograph

I grant Family Connections Inc. the right to take photographs of my child.

I agree that Family Connections Inc. may use such photographs of my child for any lawful purpose, including for example such purpose as publicity, illustration, advertising and website content.

I do not grant Family Connections Inc., the right to take photographs of my child.

I have read and understand the above:

Signature _____

Printed name of Parent/Guardian _____

Name of child _____

Date _____