



I, the undersigned, do hereby authorize Harford County Public Schools to release information to Care Solace for the following student:

Student Name:

Date of Birth:

School:

It is understood that HCPS will share identifying information including name, parent contact information, and language spoken in the home to Care Solace for referral purposes only.

By checking this box, I agree to allow HCPS to share the above-described information with Care Solace.

Parent/Legal Guardian Name:

Date: