

ELECT Release of School Information

The **ELECT** (Education Leading to Employment and Career Training) program is a free service designed to:

- 1) Help pregnant or teen parents complete their education with the added academic support needed under the special circumstances they are facing,
- 2) Cope with the special needs of pregnancy, including prenatal care and parenting instruction; custody issues; WIC; daycare opportunities; health insurance; and emotional support in dealing with the stress associated with young parenthood and,
- 3) Make informed decisions regarding careers and employment.

I, _____, give permission for the information listed below to be released to/from the ELECT Program and the _____ School District, as well as the following agencies if applicable for the purpose of collaboration of services:

1. _____
2. _____
3. _____
4. _____

Information requested:

- School Records (class schedule, previous / current / future year's grades, IEP)
- Attendance Records (daily, previous / current / future years)
- Other: _____

| | | |
|-------------------------------------|---|------------------------|
| _____ Print Parent/Guardian Name | _____ Parent/Guardian Signature (only needed if student is under 18 years old) | ____/____/____ Date |
|-------------------------------------|---|------------------------|

| | | |
|-----------------------------|----------------------------|------------------------|
| _____ Print Student Name | _____ Student Signature | ____/____/____ Date |
|-----------------------------|----------------------------|------------------------|

(This authorization is good for 3 years from the date signed unless you notify your ELECT social worker in writing of your desire to rescind it.)