



## AUTHORIZATION TO RELEASE CHILD-CARE INFORMATION

State Form 44749 (R3 / 8-14)

*This authorization remains in effect for one (1) year from the date of the parent or caretaker's signature.*

### AUTHORIZATION OF INFORMATION TO CAREGIVER

I authorize \_\_\_\_\_, my child(ren)'s caregiver, to release to the \_\_\_\_\_ County Division of Family Resources any and all information requested about the child care services she/he provides to my child(ren), the amount she/he charges to provide care to my child(ren) and the amount and dates of the child care payments I have made to her/him.

Signature of parent / caretaker

Date signed (month, day, year)

### AUTHORIZATION OF INFORMATION TO COUNTY DIVISION OF FAMILY RESOURCES

I authorize the \_\_\_\_\_ County Division of Family Resources to release to \_\_\_\_\_, my child(ren)'s caregiver, information about my child(ren)'s eligibility for child care assistance and the amount of my child(ren)'s assistance benefit.

Signature of parent / caretaker

Date signed (month, day, year)



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