

(Local Agency Letterhead)

CONSENT FOR RELEASE OF PARTICIPANT INFORMATION

WIC personnel have permission to release the following information: (a WIC applicant/participant or the parent/guardian may have access to all information provided by the applicant/participant and a medical record which includes WIC forms completed by WIC personnel or health care providers that provide medical/nutrition risk assessment for determination of Program eligibility)

This information will be provided for the following WIC participant(s): (give full names)

This information will be provided to the following person/agency by _____ Date

Signature of Person Requesting Information **Date**

Signature of WIC Staff/Witness **Date**

Signature of WIC Staff Releasing Information **Date**

Parent/Guardian WIC Identification Number

(Revised 06/13/2014) The completed form will be scanned into the participant's WIC chart