

### Consent for Release of Information – West Virginia WIC Records

Parent/Legal Guardian Name: \_\_\_\_\_

*\*The parent/legal guardian must have current legal custody of the participant(s).*

Participant Name(s) and Birthdate(s) – Whose WIC information is being requested:

*\*A participant is a pregnant, breastfeeding, or postpartum woman, an infant, and/or a child.*

\_\_\_\_\_  
(Birthdate): \_\_\_\_\_

\_\_\_\_\_  
(Birthdate): \_\_\_\_\_

\_\_\_\_\_  
(Birthdate): \_\_\_\_\_

Is/Are the Participant(s) currently in foster care?                      Yes                      No

Has/Have the Participant(s) ever been in foster care?                      Yes                      No

I am requesting the following WIC information to be released:

- Active Certification Dates – Participant(s) currently receiving WIC benefits
- Participant(s) lengths/heights and weights and hematological values
- Redeemed WIC benefits
- Other WIC Information – Please list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am requesting the above WIC records be released to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address (if requesting via email): \_\_\_\_\_

Fax Number (if requesting via fax): \_\_\_\_\_

I give my permission to release my, or my infant/child's confidential WIC information obtained during my or my infant/child's participation in the WIC program. I understand that without my signature and consent, this information cannot be released except as otherwise authorized by law.

Participant/Parent/Legal Guardian Signature: \_\_\_\_\_

Date Request Received: \_\_\_\_\_                      Date Information Released: \_\_\_\_\_

WIC Staff Signature: \_\_\_\_\_

*Completed form must be scanned into the participant's Crossroads file.*