

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: _____

Please provide a photo ID with completion of this form.

Date Request Received: _____ Date Information Released: _____

WIC Staff Signature: _____

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