Release of Information

Note: Each section must be completed

I authorize the release of information obtained by the WIC Program for:

Participant Name: _____

The information is to be released from:

Name of Facility: _____

Address: _____

City, State, Zip _____

The information is to be provided to:

Name of Person/Organization/Facility: _____

Address: _____

I understand that allowing information to be shared is voluntary. It is not a requirement to be on WIC. The information to be released is from my electronic WIC folder and includes:

- ☐ The entire WIC record (participant folder).
- ☐ Only information related to: _____
- ☐ Only information during the period of time or events from: _____

This information is to be released for a specific purpose only and may not be used by the recipient for any other reason. This information may not be shared with a third party.

I understand that I may revoke this authorization in writing at any time; except for information that may have already been shared. If this authorization has not been revoked, it will terminate at the end of the current certification period.

_____ _____

Participant/Parent/Guardian/Authorized Rep Signature Date

This institution is an equal opportunity provider.