

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HUMAN SERVICES**

**AUTHORIZATION FOR RELEASE  
OF INFORMATION**

CASE IDENTIFICATION	
COUNTY	PELICAN RECORD NUMBER

NAME

ADDRESS

ZIP CODE

I hereby authorize and request the disclosure to the Early Learning Resource Center (ELRC) agency to contact reliable sources for knowledge of Information pertinent to verification of: identity; residence; employment; education and training activities; family size and composition; care and control of child(ren) residing with a grandparent, aunt or uncle; reasons for subsidy suspension; income; and any additional information pertinent to eligibility for the Subsidized Child Care Program for myself and/or those individuals on whose behalf subsidy benefits are paid. I understand that the information obtained will be used only for purposes directly related to the determination of eligibility for the Subsidized Child Care Program.

\_\_\_\_\_  
PARENT/CARETAKER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/CARETAKER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ELRC REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE SEE REVERSE SIDE FOR ADDITIONAL INSTRUCTIONS TO THE ELRC AGENCY ONLY**

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PARENT NAME

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**DO NOT COPY THIS SECTION - FOR ELRC OFFICE USE ONLY**

In the event I cannot be reached, I give the ELRC permission to contact the person(s) identified below:

The ELRC agency has permission to contact or speak to the following people on my behalf.

Name:	Telephone Number:	Relationship:

\_\_\_\_\_  
PARENT/CARETAKER SIGNATURE

\_\_\_\_\_  
DATE