



Project Enlightenment

Office of Early Learning
501 S. Boylan Avenue
Raleigh, NC 27603
Phone: 919-694-8991
Fax: 919-704-2275

Permission to Release Parent Contact Information

I give permission for my contact information (name, telephone number, address and other contact information, e.g. e-mail address) to be released to Project Enlightenment for the purpose of providing assistance to me. This may include information about either my or my child's age, disability status, support services, current living status and other information deemed necessary to provide parenting support, education and/or counseling. I further understand that this information will only be used as part of the referral process and will not be shared with other agencies without my written permission.

Parent/Guardian Name (Print)

Witness Name (Print)

Parent/Guardian Signature

Witness Signature

Date

Date

This form must accompany a completed referral form when submitted by an agency other than Project Enlightenment.