**DAYCARE RELEASE OF INFORMATION CONSENT**

***(please print legibly)***

Donor name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_\_\_\_\_

Last 4 of Social Security \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I authorize my results may be released to my daycare employer:**

Daycare name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daycare address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daycare phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daycare email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Method of payment:**

Daycare billed \_\_\_\_\_ Cash \_\_\_\_\_ Credit/Debit \_\_\_\_ Check/MO\_\_\_\_\_\_

**Please pick which option to send your results:**

Mailed \_\_\_\_\_ Email \_\_\_\_ Pick up \_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_