



# Release of Information

Form must be signed and dated by all parent(s)/guardian(s).

Return Completed Form:  
3991 E 29<sup>th</sup> Street, Bryan TX 77802  
Mail: PO Box 4128, Bryan TX 77805  
Fax: (979) 595-2810  
Email: [CCMS@BVCOG.org](mailto:CCMS@BVCOG.org)  
Phone: (979) 595-2801, ext. 2105

**TWIST ID#** \_\_\_\_\_

Please read carefully the information contained in this form. When you have finished, please initial in the spaces provided. Once you have signed and dated it, please return the original to CCS at the address provided.

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I hereby authorize Workforce Solutions Brazos Valley (WSBV) Child Care Services (CCS) to conduct such inquiries as may be deemed necessary to:

- Verify eligibility for all Child Care programs administered by the WSBV or its representatives
- Confirm any information on the application used to determine eligibility
- Secure appropriate services for me from community resources
- Release any information requested to officially recognized organizations
- Determine the effectiveness of this program in assisting participants in achieving self-sufficiency

I hereby authorize the Texas Workforce Commission, or any private sector service provider maintaining such records, to release to the WSBV any information with regard to my entitlement to benefits or program effectiveness.

I expressly agree to waive liability for any effect the information received from contacted sources, given by myself, or released to outside sources may produce.

WSBV will maintain the confidentiality of any such information received.

**By signing this form I certify that I have been made aware of my rights and responsibilities and have been given a copy of them.**

|   |                       |                      |
|---|-----------------------|----------------------|
| _____<br>Signature of Applicant (Parent/Guardian #1)          | _____<br>Printed Name | _____<br>Date Signed |
| _____<br>Signature of Applicant (Parent/Guardian #2)          | _____<br>Printed Name | _____<br>Date Signed |
| _____<br>Signature of Parent/Guardian if Applicant is a Minor | _____<br>Printed Name | _____<br>Date Signed |

Equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Deaf, hard-of-hearing and speech impaired customers may contact: [Relay Texas](http://RelayTexas.org): (800) 735-2989 (TTY) or 711 (Voice).