



# Homeless Education

## ADE Consent to Release of Information (ROI)

(Sample form for use by LEA in shelter and agency collaboration)

School Year \_\_\_\_\_

Dear Parent/Guardian/Caregiver,

Our records indicate that you currently reside at (Address where family is residing). Your child qualifies for services provided by (School District/Charter Name) under the McKinney-Vento Homeless Assistance Act. Services *may* include education related services, food and nutrition support, or transportation.

The purpose of this form is to give (Agency or Shelter Name) permission to share information with (School District/Charter Name, McKinney-Vento Homeless Liaison) regarding your housing status or program participation in efforts to coordinate services.

Please complete this form and return it to our office. You may email it to (McKinney-Vento Homeless Liaison email address). The McKinney-Vento Homeless Liaison will use this information to help aid in McKinney-Vento eligibility determination and coordination of services as described in [USC §11432\(g\)\(5\)\(A\)](#).

### CONSENT TO RELEASE CONFIDENTIAL INFORMATION

I, \_\_\_\_\_, hereby authorize and request:  
(Parent, guardian, caregiver, student)

Shelter or Agency Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

to share confidential information, including personal and academic information, resulting from my contact with the above to:

- School District/Charter Name
- School District/Charter Address
- School District/Charter Phone

The District McKinney-Vento Homeless Liaison will use the information obtained by the shelter or agency listed above to aid in McKinney-Vento eligibility determination and coordination of services as described in [USC §11432\(g\)\(5\)\(A\)](#).

I understand that any cancellation or modifications of this authorization must be in writing, and that I have a right to receive a copy. A photocopy of this authorization will be as effective and valid as the original.

I furthermore release all parties stated herein from any legal liability resulting from the release of this information, with the understanding that all parties involved will exercise safeguards while using this information.

Student Name(s): \_\_\_\_\_

Parent/Guardian/Caregiver/Student Name (please print): \_\_\_\_\_

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

*Please retain a copy for your records.*