

**City of Pleasanton**  
**GINGERBREAD PRESCHOOL PROGRAM**  
**Parent Authorization to Release Participant Information**

Student/Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Facility: Gingerbread Preschool

Name of Parent or Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone Number: (home) \_\_\_\_\_ (mobile) \_\_\_\_\_

Agency or Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_

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

I, \_\_\_\_\_, am the custodial parent or guardian of \_\_\_\_\_  
\_\_\_\_\_, and authorize the City of Pleasanton to: (check as applicable)  
\_\_\_\_ obtain from  
\_\_\_\_ release to  
\_\_\_\_ exchange with

the above-referenced agency or contractor all medical, psychological, and educational records and information concerning the above referenced student in the possession of the Facility.

I am requesting this information because: (describe reason) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Custodial Parent or Guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

Telephone Number: (home) \_\_\_\_\_ (mobile) \_\_\_\_\_

**Original signature required on all authorizations.**