



Comfort Connection Family Resource Center

AUTHORIZATION AND PERMISSION FOR RELEASE OF CONTACT INFORMATION TO REGIONAL CENTER OF ORANGE COUNTY

I give my consent for _____ (School District) to release the contact information listed below to Comfort Connection Family Resource Center/Regional Center of Orange County. I understand that this information will be used by Comfort Connection Family Resource Center so that my family will receive information on resources and community events relevant to Early Start.

Child's Name: _____
Date of Birth: _____

Reason for Early Start Services:
_____ Deaf/Hard of Hearing _____ Vision _____ Orthopedic

Parent(s)/Guardian Names: _____
Address: _____
(City) (Zip Code)

Phone Number(s):
Home: _____
Cell: _____

Email Address: _____
(only one email address per family, please)

Preferred Language: _____ English _____ Spanish _____ Vietnamese

Date: _____ Signature: _____

Relationship to Child: _____

(To be completed by SELPA/School District Staff)

Name: _____
Phone #: _____

Mailing Address: P.O. Box 22010, Santa Ana, CA 92702-2010 · www.rcocdd.com

Fax: 714-542-5634

Email: ccfr@rcocdd.com