



STATE OF WASHINGTON
DEPARTMENT OF EARLY LEARNING

Release of Information

The Department of Early Learning has my permission to exchange information with:

Name

Address

Phone

_____ for the purpose of determining my eligibility to obtain or maintain my child care license.

_____ for the purpose of determining my eligibility for unsupervised access to children in licensed child care facilities.

This permission expires 60 days from the date of signature.

Printed name

Phone

Signature

Date

Licenser printed name

Phone

Licenser Signature

Date