

## **FAMILY CONSENT TO SHARE FORM**

The Children's Services Council of Leon County (CSC Leon) gives funding to local programs to serve children, youth and families. Its goal is to make high-quality services available and affordable to families throughout Leon County. To find out if these programs have a positive impact, CSC Leon may share information about your family's participation with community partners. CSC Leon has strict data privacy guidelines for all information collected and shared. Your personal identifying information (e.g., names, addresses) will never be identified in any publication.

Please check the appropriate permissions and sign below:

(Please print)	(Please print)
First Name	Last Name
Signature	Date
$\square$ I do not give CSC Leon permission to share m	y family's participation with DCF.
	ation about my family's participation in CSC Leon-funded programs  ) to determine if this program has a positive impact on my child.
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	y family's participation with DJJ.
	ormation about my family's participation in CSC Leon-funded programs termine if this program has a positive impact on my child.
$\ensuremath{\square}$ I do not give CSC Leon permission to share m institutions.	y child's participation with Leon County Schools or other academic
☐ Another school (please name):	<u>.</u>
Leon County Schools Student ID Numbe *Note: Student ID number are usually avail	ar*lable on the school's parent portal or by calling your child's school.
	ormation about my child's participation in CSC Leon-funded programs utions identified below to determine if this program has a positive owing:

This consent is valid for 48 months from the date of signature unless revoked in writing.