

Sacramento City Unified School District
CHILD DEVELOPMENT DEPARTMENT

AUTHORIZATION FOR RELEASE OF EMPLOYMENT INFORMATION

SECTION I PARENT

I, _____
(Print Name) (Signature) (Date)

Hereby authorize the release of the following information and request that it be forwarded to Sacramento City Unified School District at the address below. I understand that my employer may be contacted to verify the information submitted. Any fraudulent, false, incomplete, deceitful or misleading information provided to SCUSD regarding status of employment, income, family size, school or training, that is used to determine initial or ongoing eligibility for subsidized child development services or parent fees, will be grounds for termination of child development services. SCUSD is required to recover costs for child development services provided during any period of ineligibility from the parent or caretaker.

Employer's Name: _____

Employer's Address: _____

Supervisor's Name: _____