



LICENSED CHILDCARE FACILITY AND PRESCHOOL PROGRAM CONSENT AND DISCLOSURE TRANSFER FORM

DATE:		SCHOOL YEAR:	
FULL NAME:		TITLE:	
PHONE NUMBER:		EMAIL ADDRESS:	

Complete the information below, including each licensed childcare and/or preschool program where you are assigned the current school year. If your assignment changes during the school year; complete and submit a new form to the RESD early childhood supervisor.

FACILITY/PROGRAM NAME	PROGRAM DIRECTOR	PHONE NUMBER	EMAIL ADDRESS

I authorize Gratiot Isabella RESD to release a copy of my Michigan Childcare Background Check Consent and Disclosure form to the above licensed childcare facilities and/or preschool programs for the purpose of connecting my eligibility status to the license of the facility.

SIGNATURE:	
DATE:	

Email form to Leanne Barton at lbarton@giresd.net