



8700 Manchaca #604  
Austin, TX 78748  
512-233-6464 FAX 512-233-6473

## CONSENT TO RELEASE AGENCY TRANSFER

Family Name: \_\_\_\_\_

I give my consent to \_\_\_\_\_ to disclose information from my files to Family Link for the purpose of Transfer of License.

I understand that information will be disclosed for the purpose(s) noted above, and that the information released will be limited to the following kinds of information.

- a. Compliance with Minimum Standards History
- b. Serious Incidents; abuse or neglect and/or complaint investigations
- c. Quarterly Evaluations
- d. Training records
- e. Home Study
- f. Home Inspections
- g. Other relevant information

This consent may be revoked at any time by notifying \_\_\_\_\_ in writing. It may also be revoked by specifying a date, time, event, or condition upon which your consent will expire (if so, please specify: \_\_\_\_\_). In any event, this consent will expire within 90 days of the date signed.

My signature indicates that I understand the content of this form and that Family Link has, in no way, solicited my interest in transferring my license to Family Link.

|                    |               |                  |               |
|--------------------|---------------|------------------|---------------|
| _____<br>Signature | _____<br>Date | _____<br>Witness | _____<br>Date |
|--------------------|---------------|------------------|---------------|

|                    |               |                  |               |
|--------------------|---------------|------------------|---------------|
| _____<br>Signature | _____<br>Date | _____<br>Witness | _____<br>Date |
|--------------------|---------------|------------------|---------------|

Sent to: \_\_\_\_\_

\_\_\_\_\_  
Date