OMB# 0970-0388 Expires: 10/1/2015

Dear < NAME OF 18 YEAR OLD CHILD>

We are writing to you on behalf of the Early Head Start Follow-up Study. This is the project you started with (FILL SITE NAME) when you were a baby. As you might remember, The Early Head Start Follow-up Study is a long term project evaluating early childhood programs that you and your family may have been a part of.

Thanks to your participation over the years, we have learned a lot about children's growth and development. The project has been so successful and the information has been so valuable that the government hopes to continue its research to learn how participation in Early Head Start or other child care programs affects children and their families when children are older.

The Administration of Children and Families (ACF) is asking for your permission to access your school and juvenile justice records to help look at how these early childhood programs affect kids and their families as they get older. ACF will only use this form to access your school and juvenile justice administrative records if (and only if) the government decides to continue the Early Head Start Follow-up Study. The records cannot be accessed or used for any other purpose. Any information collected from your school and/or juvenile justice records will be kept private to the extent permitted by law.

Reading and returning this form should only take about 5 minutes. After we receive your updated contact information, we will send you \$5. All of the information you provide will be shared ONLY with researchers working on the Early Head Start Follow-up Study and kept private to the extent permitted by law.

If you have any questions about this project, please take a look at the brochure that was included with this letter or give us a call on our toll-free line, (888) 800-3748.

Sincerel	у,
<name< td=""><td>></td></name<>	>

OMB# 0970-0388 Expires: 10/1/2015

AUTHORIZATION FOR THE ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF) TO OBTAIN EDUCATION AND JUVENILE JUSTICE RECORDS

Date:		
Pursuant to Federal guidelines concerning	ng my right to privacy, I	
(Name o	of Student)	
give my permission to release the follo Families:	wing records to the Administration	on for Children and
Academic and Behavioral information	n as it relates to:	
(School Attended)	(Period of Time)	Initials
☐Juvenile Justice records as they relate	e to:	
(County/State Agency)	(Period of Time)	Initials
The information obtained from these reunder the Early Head Start Program.	ecords will be used to determine	the impact of services provided
I understand that I may revoke this consinformation has already been released b prior to my revocation and was made in of information form does not constitute	y the above school district and/or reliance under this authorization	County or state agency
It is agreed upon receipt of these record your name and identifying information or agency without your prior written co copy, make this known to the custodian	has been removed) or any informonsent. You may request a copy	nation therein to any other person
(Name of Student)		
Signature	Date	

This collection of information is voluntary and will be used to maintain up-to-date contact information on the participants of the Early Head Start Research and Evaluation Project. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this information collection is 0970-0388 (Exp. 10/1/15). Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Amy Madigan; ACF / OPRE, 370 L'Enfant Promenade SW, 7th floor West, Washington, DC 20447; Attn: OMB-PRA (0970-0388).