

National Children's Study Authorization for Release of Birth Certificate

Full Name of Child _____

Sex of child: ☐ Male ☐ Female

Date of Birth: / /
Month Day Year

Place of Birth- Hospital/Clinic (if applicable) _____

Place of Birth- City _____

Place of Birth- State

The measurement of children's health is a primary research aim of the National Children's Study (NCS). Information from the birth certificate, such as birth weight, will help us better understand children's growth and development throughout childhood. We are asking you to authorize the state office of vital records to release the birth certificate information of the child named above to researchers from the NCS.

Your child's birth certificate information will be used for research purposes only. All information will be kept private. Names and other identifying information will not be released without your permission.

☐ **I PERMIT** the NCS to obtain my child's birth certificate information.

☐ **I DO NOT PERMIT** the NCS to obtain my child's birth certificate information.

Printed parent/guardian name (first, middle, last) _____

Signature of parent/guardian _____

Relationship to Child _____

Date signed: / /
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- -
Phone number

Questions related to the collection of birth certificate information can be answered by NCS staff at 1-877-865-2619.