



*Center for Childcare Careers*

**Family Services of Central Massachusetts**

**Authorization for  
Release of Information  
from Employer/FCC System**

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

\*Your active Professional Qualifications (PQ) Registry # is \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

\*Date of Birth: (mm/dd/yyyy) \_\_\_\_\_ \*Last 5 of Soc. Sec. #: \_ \_ \_ \_ \_

Employer/FCC System Name: \_\_\_\_\_ Program # \_\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor Telephone: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

I hereby authorize my employer or family child care system, named above, to release information to Center for Childcare Careers/Family Services of Central Massachusetts, MassEdCO, Central Mass & Greater Boston Readiness Centers, and the Department of Early Education and Care. The purpose is to gather information related to my participation in career counseling and professional development for career advancement. I authorize sharing of my Professional Qualifications (PQ) number. Collection and sharing of other information may include: information about secondary and higher education, position changes at my place of employment, teacher certifications, and documentation of participation in CEU courses, developmental and college coursework including, but not limited to, course and grade information, and demographic & descriptive data. I further agree to allow Center for Childcare Careers/Family Services of Central MA and/or Colleges of Worcester Consortium to contact my employer or family child care system to discuss this information as it relates to supporting services connected to further professional development.

I understand that I may cancel this release of information by notifying the requester in writing.

A photocopy of this authorization shall have equal validity as the original.

This release is effective for the time period beginning July 1, 2015 (FY2016), renewed annually unless notice is given by either party.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date