

Iowa Women, Infant, and Children (WIC) Program

Authorization for Release of Information

Date: _____

To: _____

Local Agency Name: _____

Address: _____

Phone: _____

Regarding: _____ Date of Birth: _____

Parent/Guardian Name: _____

Information Requested:

Please send your response to the WIC agency at the address listed above. Authorization for Release of Information / Autorización para La Divulgación de Información

I give permission to the WIC Program to release confidential information from my WIC record. I also give permission to the person or agency named above to share the requested information. I understand that the WIC Program will use this information to provide nutrition services to my family.

Doy el permiso al programa de WIC a la información confidencial del lanzamiento de mi expediente de WIC. También doy el permiso a la persona o a la agencia nombrada arriba compartir la información solicitada. Entiendo que el programa de WIC utilizará esta información para proporcionar servicios de la nutrición a mi familia.

Signature of participant/parent/guardian
Firma de la participante/padre/tutor

Staff signature
Firma del Personal de WIC

Date
Fecha

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Authorization for Release of Information Protected by State or Federal Law Autorización para la Divulgación de Información Protegida por la ley Estatal o Federal

I specifically give permission to release information relating to:
Yo específicamente doy permiso a divulgar información relacionada con:

- ____ Substance abuse (alcohol/drug abuse) / Abuso de las sustancias (alcohol/drogadicción)
- ____ HIV-related information (AIDS-related testing) / Información relacionada con la VIH (análisis relacionados con la SIDA)
- ____ Mental health (including psychological testing) / Salud mental (incluyendo exámenes psicológicos)

Signature of participant/parent/guardian
Firma de la participante/padre/tutor

Staff signature
Firma del Personal de WIC

Date
Fecha

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov

This institution is an equal opportunity provider.