

AGENCY TRANSFER RELEASE



13326 HWY 183 N
Gonzales, TX 78629
Fax: 512-532-6555
Phone: 830-875-6062

Family Name: _____
Name of Agency from which I am requesting a transfer _____
Fax number _____ Dates Licensed: _____
Phone number _____ Email _____

I give my consent 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:

- a. Training Records: Including PRIDE Training, CPR/1st Aid, PAPH or Behavioral, All current yearly trainings
- b. Home Study and Updates
- c. Fire & Health Inspections
- d. Quarterly Reviews
- e. TB Tests of all household members, marriage license, divorce decrees, car & home insurance, etc.
- f. Compliance with Minimum Standards History
- g. Serious Incidents; abuse or neglect and/or complaint investigations.
- h. 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.

Signature Date Witness Date

Signature Date Witness Date

Sent to: _____

Date: _____ Initial of Sender: _____