



ONTARIO-MONTCLAIR SCHOOL DISTRICT

Preschool/Child Development Office
1556 S. Sultana Ave Ontario, CA 91761
Telephone: (909) 418-6898 • FAX: (909) 459-2877



Employer Authorization for Release of Information

Student Name: _____ Date: _____

PARENT A

I _____ give permission for Ontario-Montclair School District Child Development Program and its representatives to verify any and all information from my employer to determine my family eligibility during the certification process. I understand all information gathered is strictly confidential.

Employer's Information

Employer's Name: _____

Employer's Address: _____

Telephone #: _____ Business Hours of Operation: _____

I declare under penalty of perjury under the laws of the State of California that the above information is true and correct to the best of my knowledge.

Parent A Signature

Date

PARENT B

I _____ give permission for Ontario-Montclair School District Child Development Program and its representatives to verify any and all information from my employer to determine my family eligibility during the certification process. I understand all information gathered is strictly confidential.

Employer's Information

Employer's Name: _____

Employer's Address: _____

Telephone #: _____ Business Hours of Operation: _____

I declare under penalty of perjury under the laws of the State of California that the above information is true and correct to the best of my knowledge.

Parent B Signature

Date