

FAIRFAX COUNTY, VIRGINIA  
FAMILY SERVICES/OFFICE FOR CHILDREN  
12011 Government Center Parkway, 8th Floor, Fairfax 22035-1102

**CONSENT FOR RELEASE OF INFORMATION**

I/we give consent for the Fairfax County Office for Children (OFC) and the Fairfax County Department of Human Development to exchange verbal and written information related to any investigation or findings of child abuse or neglect by me/us. **This consent shall remain valid and extend throughout the application period and duration of my/our participation in the program(s) sponsored by the Office for Children.**

I/we understand that this information is required by the Office for Children for all persons 14 years of age and older who are household members, assistants or child-care employees as a condition of application and participation in OFC programs. I/we agree to notify OFC within seven days whenever a current household member not listed below reaches the age of 14 and whenever any persons 14 years of age or older moves into the household. I/we understand that these persons will also need to consent to the terms of this agreement as a condition of continuing participation in program(s) of OFC.

I/we understand that any investigation which results in a determination of "founded" as defined by state law shall be grounds for denial of approval for participation in program(s) of OFC and grounds for termination from any ongoing participation in any program(s).

I/we understand that **Family Services has the right to suspend participation in any OFC program(s) during investigation of alleged child abuse or neglect and that I/we will be notified of any such suspension.**

I/we certify that the signatures and identifying information given below are complete, accurate, and cover all adult persons in the household.

\_\_\_\_\_  
(1) **Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/County ZIP

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
(2) **Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/County ZIP

Date Signed: \_\_\_\_\_

(over)

\_\_\_\_\_  
(3) **Print** Name

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/County ZIP

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
(4) **Print** Name

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/County ZIP

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
(5) **Print** Name

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/County ZIP

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
(6) **Print** Name

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/County ZIP

Date Signed: \_\_\_\_\_