

Dear Families,

Please fill in the information below as you wish to have it shared with other CDL families. This information will be added to a confidential information sheet to be used only by other CDL families to support interactions between families. This document is not to be used for solicitation, to be sold, or to be shared with any other purpose in mind. If you do not wish to have your information shared, please complete the line at the very bottom of the form.

**Family Information Release  
Child Development Laboratory**

Child's Name	Sex	Birthdate	Adult(s) responsible for child	Address.....	Phone

E-Mail address(es):

I, \_\_\_\_\_, give permission for this information to be shared with other CDL families for the purpose of supporting interactions between families.

I, \_\_\_\_\_, **do not** choose to have our families information shared with other families.