Volunteers of America
Head Start / Early Head Start Program

Parent Request for Enrollment Records

I parent / Guardian: _____

Print first & last name

am requesting a copy of the following items from my child's enrollment file:

- ☐ **Enrollment Record/Application**
- ☐ **Enrollment Verification Letter**
- ☐ **income Documents Used at Enrollment**
- ☐ **Birth Record Used at Enrollment**
- ☐ **Address Verification Used at Enrollment**
- ☐ **Other:_____**

Childs Full Name: _____Date of Birth: _____

Program Year: _____Center Name: _____

Class #:_____Family Advocate Assisting: _____

I would like to retrieve copies:

- ☐ **In person will be picked up at local office**
- ☐ **Mailed to me:_____**

  Complete street address, city, state& zip code
- ☐ **Faxed: _____Attention:_____**
- ☐ **Scanned via email to: _____**

Parent / Guardian Signature: _____

Date of Parent / Guardian Request: _____

For office use only

Date ERSEA Received Request: _____

Date Copies Processed:_____Completed By:_____