



## Authorization to Contact Employer

*This form is ONLY to be used for services being provided by Part-Day CSPP programs.*

Authorization to Contact Employer Title 5 §18084 ((1)(A)) requires that parents/guardians who are employed must provide a release authorizing the contractor to contact the employer(s), to the extent known, that includes the following information:

I, \_\_\_\_\_ authorize Pacific Preschool  
(parent/guardian printed name) (name of agency)

to contract my employer, if needed, to verify income for the purpose of approval for preschool services.

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Telephone #: \_\_\_\_\_

Usual Business Hours: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Initial Here if you do not wish us to contact your employer because you feel that your employment will be at risk if your employer were contacted.

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### Office Use Only

Notes: (if needed):

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_