



**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.

<b>Employer's Information</b>	
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

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**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.

<b>Employer's Information</b>	
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