



**IdahoSTARS**  
Administrative Office  
1471 Shoreline Drive Ste 202  
Boise, Idaho 83702-6879

www.idhostars.org

## IdahoSTARS RELEASE OF INFORMATION FORM

I give my permission for designated personnel from my program to discuss the following information with any IdahoSTARS representative working with my facility. Information included in this release:

- Score sheet(s) from the environment assessment(s)
- *Classroom Summary Report(s)*, including information gathered through the interview portion of the environment assessment(s)
- Information related to QRIS, including:
  - Materials related to the *Application for a Facility Profile, QRIS Facility Profile, QRIS Improvement Plan, QRIS Funding Request, Application for a STAR Rating, QRIS STAR Rating and the QRIS process*
  - Materials related to incentives such as *QRIS Achievement Award, QRIS Continuous Improvement Award, and QRIS Funding Grant*

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All IdahoSTARS representatives are advised that this information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations that prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.

Facility Name Printed: \_\_\_\_\_

\_\_\_\_\_  
Facility Representative Printed

\_\_\_\_\_  
Facility Representative Signature

Facility Representative Title: \_\_\_\_\_

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

**If you decide to rescind or change any of these permissions, a written request must be submitted to the IdahoSTARS Administrative Office (see address above).**

