Connecticut WIC Program
Consent to Release Participant Information to the
CT DPH Food Protection Program
CT Department of Consumer Protection
US Food & Drug Administration (FDA)

I_____ as a participant/parent or legal caretaker of a participant of the WIC Program, consent to the release of my name, telephone number, and address by the WIC Program to the **Connecticut DPH Food Protection Program, Connecticut Department of Consumer Protection and the US Food & Drug administration (FDA)** for the purposes of following up on formula testing results.

_____

Signature of participant/parent/legal caregiver of participant Date

_____

Witness Date

WIC Family ID _____

Revised 8-2022