



Washington Association for the Education of Young Children

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STARS Release Form

I _____, a child care provider employed in a licensed facility, authorize WAEYC to give my STARS ID Number/Password one time to my employer.

| | | | |
|----------------------------------|-----------------------------|---|-------------------------------------|
| _____ Employer Name (printed) | _____ Date | _____ Fax # / Phone # or Mailing Address | |
| _____ Provider Name (printed) | _____ Provider Signature | _____ Birth Date | _____ STARS ID # (if applicable) |

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