



AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Student Name: _____ Date of Birth: _____

Address: _____
(Street Number, Post Office Box, Route Number) (City) (State) (Zip Code)

I, _____, parent/guardian of the above referenced
(Name of Parent or Legal Guardian)
student, authorize the following health care provider, attorney, counselor, school, etc.:

(Organization, Individual, Physician, Hospital, Clinic, Attorney, Counselor, School, etc.)

(Street Number, Post Office Box, Route Number) (City) (State) (Zip Code)

to release and exchange the following specific confidential information:

Yes () No () Developmental Information. Indicate specific information:

Yes () No () Educational Plan. Indicate specific information such as, grades, attendance, etc.:

Yes () No () Legal Information. Indicate specific information:

Yes () No () Medical Information. Indicate specific information:

Yes () No () Psychological Reports. Indicate specific information:

Yes () No () Social History. Indicate specific information:

Yes () No () Other: _____ Indicate specific information:

to the following individual:

(Name or Position of Individual / Organization, if any represented)

(Street Number, Post Office Box, Route Number) (City) (State) (Zip Code)

The information released may be used by the individual, or the organization represented by the individual for the following purpose(s):

I understand that: 1) I may revoke this authorization in writing by contacting the Department of Catholic Schools Office or school that obtained the authorization; 2) this authorization will not affect treatment or enrollment; and 3) information disclosed as a result of this authorization could be subject to re-disclosure as authorized by law.

EXPIRATION DATE: This authorization will expire on [date or event] _____
(If no date or event is stated, expiration is one year from the signature date.)

(Print / Type Name of Parent or Legal Guardian Authorized to Consent to Release of Information for Student)

(Signature of Authorized Person)

(Address) (Telephone) (Date)