



## CONSENT FORM FOR THE RELEASE OF INFORMATION

I, \_\_\_\_\_ authorize  
(parent/guardian name)

\_\_\_\_\_  
(name of person, facility or agency disclosing)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(city)

\_\_\_\_\_  
(state)

\_\_\_\_\_  
(zip)

(\_\_\_\_\_) \_\_\_\_\_ to release and exchange written,  
oral and/or electronically transmitted information regarding

\_\_\_\_\_  
(student name)

to Providence Catholic High School. The purpose for such disclosure is the coordination  
of efforts in promoting improved school and personal functioning.

This consent is valid until \_\_\_\_\_.

I understand that I may revoke this consent at any time in writing.

Signature of student \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Providence official \_\_\_\_\_ Date \_\_\_\_\_

Signature of agency counselor \_\_\_\_\_ Date \_\_\_\_\_