PROVIDENCE CATHOLIC HIGH SCHOOL
1800 W. Lincoln Highway • New Lenox, Illinois 60451 • (815) 485-2136 • www.providencecatholic.org
COUNSELING DEPARTMENT

ROSECRANCE CONSENT FORM FOR THE RELEASE OF INFORMATION

I, _____authorize
(parent/guardian name)

Rosecrance
(name of person, facility or agency disclosing)

20635 Abbey Woods Court N, Suite 310
(address)

Frankfort	IL	60423
(city)	(state)	(zip)

(815) 391-1000 or (815) 387-5615 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 Counseling official _____Date _____

Signature of Providence Dean's Office official _____Date _____

Signature of Rosecrance counselor _____ Date _____

(rev. 6/17)

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