



GENERAL 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 Counseling official _____ Date _____

Signature of Providence Dean's Office official _____ Date _____

Signature of agency counselor _____ Date _____



PROVIDENCE CATHOLIC HIGH SCHOOL

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COUNSELING DEPARTMENT