



# AUTHORIZATION FOR RELEASE OF INFORMATION

## ARCHDIOCESE OF WASHINGTON – Catholic Schools

Student's Name: \_\_\_\_\_ Sex:  Male  Female Birth Date: \_\_\_\_\_  
*Print Student's Legal Name* *mm/dd/yyyy*

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: ( ) - - Work Phone: ( ) - - Ext. \_\_\_\_\_

### Release of Student Information

I, \_\_\_\_\_, hereby AUTHORIZE \_\_\_\_\_  
*Parent/Guardian's Full Name* *School Name*  
to disclose/receive \_\_\_\_\_'s identifiable information as described below.  
*Print Student's Legal Name*

The following information may be  shared with the entity below  received from the entity below

- ALL personally identifiable data on file **OR** The following records **ONLY**: *(please check ✓ all that apply)*
- Assessments/Evaluations
  - Behavioral Records/Plans
  - Academic Records
  - Other *(specify)*: \_\_\_\_\_
  - Medical Information
  - Counseling Records
  - Recommendations

Reason for the release of information...

- To aid in making present and future educational decisions *(includes transferring schools)*:
- Other *(please specify)*: \_\_\_\_\_

I AUTHORIZE the release of the aforementioned information (existing in the school's records at the date listed immediately below), regarding my child to:

School/Agency/Institution: \_\_\_\_\_  
*Print Name of School/Agency/Institution to Where the Student's Information Will Be Used or Disclosed*

Contact Person: \_\_\_\_\_ Phone No. ( ) - - Ext. \_\_\_\_\_  
*Print Name of Contact Person at the School/Agency/Institution*

School/Agency Address: \_\_\_\_\_

Duration for Disclosure: From: \_\_\_\_\_ Until: \_\_\_\_\_  
*Specify Date* *Specify Date*

I understand that I may revoke this authorization at any time by submitting revocation in writing to \_\_\_\_\_.

Name of Parent/Guardian: \_\_\_\_\_  
*Print Parent/Guardian Full Name*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
*Sign Your Name* *Today's Date*