**FORM 19**

Authorization for Release of Information

Archdiocese of Washington – Catholic Schools

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| Student’s Name: |       | Sex: | **[ ]**   | **[ ]**   | Birth Date: |       |
|  | *Print Student’s Legal Name* |  Male Female *mm/dd/yyyy* |
|  Parent/Guardian Name: |  |
|  Home Address: |  |
|  |  |
|  Home Phone: | **(     )     -** | Work Phone: | **(   )     -      Ext.** |

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| Release of Student Information |
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| **I,** |   | , hereby AUTHORIZE  |       |
|  | *Parent/Guardian’s Full Name* |  | *School Name* |
| to disclose/receive |   | ’s identifiable information as described below: |
|  | *Print Student’s Legal Name* |  |

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| 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 | **[ ]** Medical Information **[ ]** Counseling Records **[ ]** Recommendations  |
|  **[ ]** Other *(specify):* |  |
| Reason for the release of information…

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| **[ ]**  To aid in making present and future educational decisions *(includes transferring schools):* |
| **[ ]** Other (*please specify*): |  |

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| 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: | 12/5/2019 |
|  |  *Sign Your Name* |  |  *Today’s Date* |