**Release of Information**

Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_

To help in assessment and treatment, I authorize the Charter School for Applied Technologies (CSAT), specifically the School Counselor or Social Worker, to communicate in person, by phone, or in writing with the persons and/or organizations listed below. I also authorize the persons and/or organizations listed below to communicate in person, by phone or in writing with CSAT.

I understand this *Release of Information* is in effect as long as the child is active at CSAT, although I may withdraw it at any time, upon verbal or written notice to CSAT. I have given permission for CSAT to have communication with the following people:

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone#** | **Relationship** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Guardian Signature) (Print Name) (Relationship)

Megan Fitzsimmons, School Social Worker

Dana Hill, School Counselor

John Bresnock, School Counselor

Alexis Krieger, School Counselor