



## CONSENT FOR RELEASE/EXCHANGE OF INFORMATION

I, \_\_\_\_\_, give consent to Father Vincent Capodanno High School to release information to/obtain information from \_\_\_\_\_, in regard to (child's name) \_\_\_\_\_, D.O.B. \_\_\_\_\_.

The above-named agency or individual provider's address is \_\_\_\_\_ and contact information is \_\_\_\_\_.

### Type of Information

- ☐ Medical  
☐ Psychological  
☐ Academic  
☐ Behavioral  
☐ Other (specify): \_\_\_\_\_

### THE PURPOSE FOR REQUESTING THIS INFORMATION IS:

\_\_\_\_\_

Date of expiration for this consent: one year from date of parent signature.

I understand that I may revoke this consent at any time by notifying Father Vincent Capodanno High School in writing. Any information gathered or released prior to the revocation of this consent is valid and cannot be voided. I also understand that, even if I do not revoke this consent, the consent will expire at the end of the year.

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date

### School Use Only

Received by \_\_\_\_\_ Date \_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_\_