

## Release of Information Form

Release of Information:				
	(Student Nam	e)	(Date of Birth	٦)
	and/or			uthorize
(Name of Student)	(Name	of Parent or Guard	lian)	
	to disclose inf	ormation to		
(Releasing Agency)			eiving Agency	Name)
(Receiving Agency Addi	ress)			
The information subject to this re or individual without my signed management purposes to confabove named student. The lev session conducted as a result o requested and will not be relea	consent. This dis irm the aftercare el of disclosure sl f discharge from	closure of records in the color of the color	is required for g hospital disc cifically to the y notes will no	quality harge for the counseling of be
(Signature of Parent/Guardian)	(Date)	(Signature of Paren	t/Guardian)	(Date)
(*Signature of Student) (Dat	re) (Signat	ure of Counselor/Th	nerapist)	(Date)
I understand that I may withdra revocation below on the original		9	_	-
Unless otherwise revoked, this of identified student's discharge from		es on (sp	ecify date) o	r upon the
REVOCATION: (ONI	<u>Y</u> sign below if y	ou wish to cancel /	revoke the R	OI)
The revocation will be effective taken prior to this signed revoca		_		any action
(Signature of Parent/Guardian)	(Date)	(*Signature o	of Student)	(Date)
*If a student is between 12-18 year signature of parent/legal guardiar	_	her signature is prefe	rred along with	required

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