

CONSENT FOR RELEASE OF INFORMATION BY AND TO  
DIOCESE OF CHARLOTTE CATHOLIC SCHOOLS

I hereby authorize the following person/school/agency:

Name: \_\_\_\_\_

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

to release the information checked below on

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

to the following person/school/agency:

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

**Check information to be released:**

- |  |  |
|--|--|
| <input type="checkbox"/> Attendance Record   | <input type="checkbox"/> Transcript of grades                |
| <input type="checkbox"/> Standardized Test Data  | <input type="checkbox"/> Speech/Language History             |
| <input type="checkbox"/> Educational Evaluation  | <input type="checkbox"/> Audiological/Diological Evaluations |
| <input type="checkbox"/> Individual Educational Program  |  |
| <input type="checkbox"/> Medical Records/Evaluations (physical, neurological, psychiatric, etc.) |  |
| <input type="checkbox"/> Ophthalmological Evaluation/Treatment Information                       |  |
| <input type="checkbox"/> Psychological Evaluation/Treatment Information                          |  |
| <input type="checkbox"/> Other (specify):  |  |

This information: (check one)

is being released by \_\_\_\_\_.

when received by the \_\_\_\_\_ will be reviewed by school personnel for the purpose of identifying educational needs and providing services for the above named individual. This information may be released to other persons and agencies ONLY with written authorization.

The doctrine of informed consent has been explained to me and I understand the content to be released, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information. I hereby authorize that my consent is truly voluntary.

I further understand that I may revoke my consent at any time by giving written note to \_\_\_\_\_. Such revocation does not affect the validity of my consent for information disclosed prior to the revocation.

\_\_\_\_\_  
signature

\_\_\_\_\_  
relation to student

\_\_\_\_\_  
date