



PINKERTON ACADEMY

• 1814 •

Pupil Services

Consent for Release and Authorization to Obtain Confidential Information

I/We, _____, parent/legal guardian of _____
hereby authorize the following staff members at Pinkerton Academy

- | | |
|---|--|
| <input type="checkbox"/> Associate Dean | <input type="checkbox"/> Program Coordinator |
| <input type="checkbox"/> Case Coordinator | <input type="checkbox"/> School Psychologist |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Teachers |
| | <input type="checkbox"/> Other: _____ |

may mutually exchange and release confidential information outlined below to:

Name/Organization: _____

Address: _____

Telephone Number: _____

Email Address: _____

- Any and all written and verbal communication regarding medical and/or psychiatric diagnosis, treatment, and evaluation.
- Any and all written and verbal communication regarding school academic records.
- Any and all written and verbal communication regard court, custody, probate, and/or police involvement.
- IEP, transcripts, and evaluations.
- Permission to invite the following agency(ies) to pupil services related meetings: _____

- Other: _____

The purpose is in an effort to maintain continuity as it relates to educational and counseling services for the above named student.

In consideration of this consent, I/We hereby release the above named parties from any legal obligation or liability for the release of this information. **This release will be in effect for one (1) year from the date of signature unless specified in writing by the parent/guardian or adult student.**

Parent/Guardian/Adult Student Print Name

Parent/Guardian/Adult Student Signature

Date

Relationship to Student

Witness Signature

Date

Consent for Release 06/01/2022
White in Color