



**CENTRAL CITY COMMUNITY SCHOOL
RELEASE OF INFORMATION AGREEMENT**

(A copy of this form is considered as valid as the original. The contact person will send copies of this form to all individuals/agencies listed below. Individuals/agencies listed are responsible for providing information requested.)

We want to protect student and family confidentiality, while complying with the Privacy Act of 1974. By signing this form you are giving permission for the individuals/agency listed to discuss student's needs and share information. If you have any questions or comments, please call the contact person listed below.

Child/Student _____
(Legal Last Name) (First Name) (Middle Name)
Birthdate _____ **Social Security Number** _____

I, the undersigned, hereby authorize _____

(Name and address of person or agency)

to send and/or exchange information (verbal and/or written) to/with:

(CCCSO Personnel)

regarding the above named student for the purpose of:

This permission is good for one (1) year from the date signed.

I understand _____
(Contact Person) (Position) (Agency) (Phone)

can direct me to the shared information upon request.

I understand that I may revoke this consent at any time by sending a written notice to contact person listed above.

I understand that the revocation will not apply to disclosure made prior to receiving the written notice. This authorization will automatically expire one year from the date of signature, except as specified: _____

At that time no express revocation shall be needed to terminate my consent.

Parent/Legal Guardian Signature _____ **Date** _____

Student Signature _____ **Date** _____

Specific Authorization for Release of Information Protected by State and Federal Law:

My signature authorizes release of all information related to (check appropriate area):		
_____ Mental Health	_____ Substance Abuse	_____ HIV/AIDS related
NOTE: In order for this information to be released, you must sign below and above.		
Parent/Legal Guardian Signature _____	Date _____	
Student Signature _____	Date _____	
Witness _____	Date _____	
(Name)	(Position/Agency)	