



OLD COLONY
REGIONAL VOCATIONAL TECHNICAL HIGH SCHOOL DISTRICT
 476 North Avenue, Rochester, Massachusetts 02770-1899
 Telephone: (508) 763-8011
 Fax: (508) 763-9821
 www.oldcolony.us

Consent for the Release of Confidential Information

This standard release/request of records and communication must be completed and signed prior to any release of either verbal or written information.

I, _____, the parent(s)/guardian(s) of:

Student Name: _____ DOB: _____

Shop: _____ Grade _____

authorize Old Colony RVTHS to release and/or request the following information:

Name of person	Name of Organization
Address	City, State Zip
Telephone number	Fax Number
<input type="checkbox"/> Psychiatric Evaluations	<input type="checkbox"/> Psychotherapy Tx
<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Substance Abuse Tx
<input type="checkbox"/> Psychological Test(s)	<input type="checkbox"/> Consultation(s)
<input type="checkbox"/> Treatment Planning Information	<input type="checkbox"/> Other (as specified below)

I have carefully read and understand the above statements and do voluntarily consent to disclosure and/or obtainment of the above information. I also request that the statement of consent is subject to revocation at any time, unless action on it has already begun.

Date signed

Signature of Student (if 18 or older), Parent/Guardian

Signature of Witness
 (Witness should not be a support team member)

Relationship to student