

WINDBER AREA Middle School/High School
2301 Graham Avenue
Windber, Pennsylvania 15963
Phone: 814-467-4567 ext 820

CONSENT TO RELEASE INFORMATION
Active for the 2018-2019 School Year

Child's Name: _____

Date of Birth: _____

Grade/Homeroom Teacher: _____

I hereby authorize the Windber Area Middle/High School to release and receive confidential information on the above-named child under the following terms:

Parent/Guardian initial to indicate consent:

_____ release information from WASD to Assurance Counseling

_____ release information from Assurance Counseling to WASD

Information will be shared for the sole purpose of:

Coordination of care efforts between WASD and Assurance Counseling Services.

Shared information may include, but is not limited to the following:

Location of student in WASD building, educational information, verbal communication about mental health services, school-based concerns, written summary of progress.

By initialing below, I am Only authorizing the release of the following information:

_____ Location of Student in the WASD Building

*I understand that I may refuse to sign or revoke this authorization at any time without it affecting my child's ability to obtain services.

*Release must be given for location of child to be shared between WASD and Assurance Counseling for services to be provided.

Signature of Parent or Legal Guardian

Date

