

INTERVENTION AND REFERRAL SERVICES

**SAMPLE GENERAL RELEASE OF INFORMATION
CONSENT FORM**

Confidential

I, _____,
(student or parent/guardian name)

authorize _____
(name of individual/school disclosing information)

to disclose to _____
*(name or title of individual/organization
to whom the information is to be disclosed)*

the following specific information from my record:

This consent to disclose information may be revoked by me at any time, except to the extent that action has already been taken in reliance thereupon.

This consent, unless expressly revoked earlier, expires upon *(specify the date, event and/or condition upon which consent expires)*:

Date: _____
Event: _____
Condition: _____

Student Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Parent or Legal Guardian Signature: _____ Date: _____

Legal Representative Signature: _____ Date: _____

Specify Relationship of Legal Representative _____