



# AUTHORIZATION FOR RELEASE OF INFORMATION

## ARCHDIOCESE OF WASHINGTON – Catholic Schools

Student's Name: \_\_\_\_\_ Sex:  Male  Female Birth Date: \_\_\_\_\_  
*Print Student's Legal Name* *mm/dd/yyyy*

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: ( ) - Work Phone: ( ) - Ext.

### Release of Student Information

I, \_\_\_\_\_, hereby AUTHORIZE \_\_\_\_\_  
*Parent/Guardian's Full Name* *Print School's Name*

to use or disclose \_\_\_\_\_'s identifiable information as described below:  
*Print Student's Legal Name*

The following information may be shared...

- ALL personally identifiable data on file **OR** The following records **ONLY:** *(please check ✓ all that apply)*
  - Assessments/Evaluations
  - Behavioral Records/Plans
  - Academic Records
  - Other *(specify):* \_\_\_\_\_
- Medical Information
- Counseling Records
- Recommendations

Reason for the release of information...

- To aid in making present and future educational decisions *(includes transferring schools):*
- Other *(please specify):* \_\_\_\_\_

I AUTHORIZE the release of the aforementioned information (existing in the school's records at the date listed immediately below), regarding my child to:

School/Agency/Institution: **Our Lady Star of the Sea School**  
*Print Name of School/Agency/Institution to Where the Student's Information Will Be Used or Disclosed*

Contact Person: **Amber Tamburri** Phone No. **(410) 326 - 3171 Ext.**  
*Print Name of Contact Person at the School/Agency/Institution*

School/Agency Address: **PO Box 560, Solomons, MD 20688**

Duration for Disclosure: From: \_\_\_\_\_ Until: \_\_\_\_\_  
*Specify Date* *Specify Date*

I understand that I may revoke this authorization at any time by submitting revocation in writing to \_\_\_\_\_.

Name of Parent/Guardian: \_\_\_\_\_  
*Print Parent/Guardian Full Name*

Signature of Parent/Guardian: \_\_\_\_\_ Date: **3/29/2022**  
*Sign Your Name* *Today's Date*