



**Catholic Charities
of the Archdiocese of Galveston-Houston
Subject: Ethics, Client Rights**

COA: ETH, CR
Applies to: Agency-wide

Release of Information Form

Effective: 05/16/02
Revised: 01/12/12

I HEREBY AUTHORIZE: The Teachers and School Staff of St. Augustine Catholic School

**TO RELEASE/RECEIVE
INFORMATION ON:** _____

(CLIENT)

TO/FROM: Catholic Charities Counseling Program
(NAME OF PERSON AND/OR ORGANIZATION TO WHOM INFORMATION IS TO BE SENT)

**DESCRIPTION OF INFORMATION
TO BE DISCLOSED:** Child Classroom Behavior
Academic Performance

**PURPOSE/NEED FOR THIS
INFORMATION:** Address my child's needs and allow him/her to enjoy and benefit fully
from their education.

SELECT ONE: **ONE-TIME RELEASE** **Current Academic Year**

*"This release will be valid for only 90 days after the above date for a one-time release.
The consent may be extended for one academic (1) year if selected for ongoing service."*

**I AM ADVISED OF, AND UNDERSTAND, MY RIGHT TO WITHDRAW THIS CONSENT AT ANY TIME
AND TO RECEIVE A COPY OF THIS AUTHORIZATION UPON REQUEST.**

SIGNATURE: _____ **DATE:** _____
(CLIENT)

OR: _____ **DATE:** _____
(PERSONAL REPRESENTATIVE/RELATIONSHIP TO CLIENT)

WITNESS: _____ **DATE:** _____