RELEASE OF CONFIDENTIALITY AGREEMENT

I authorize _____ to release referral information on
School Staff Member

_____ to _____.
Student Health Resource

_____ is also authorized to release appropriate
Health Resource

information on _____ to
Student

_____ in order to help with school support.
School Staff Member

_____ _____
Parent (Legal Guardian) School Staff Member

_____ _____
Parent (Legal Guardian) School Staff Member

PERMISO DE DIVULGACIÓN DE INFORMACIÓN CONFIDENCIAL

Autorizo a _____ para discutir, compartir y/o divulgar información confidencial sobre _____ con _____. También autorizo a _____ para comunicarse con, compartir y/o divulgar información confidencial al miembro del personal de CISD.

_____ _____
Padre/Tutor legal Fecha

_____ _____
Miembro del personal de CISD Fecha