



Kennett High School Guidance Office

Release of Information

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I, _____, give permission to share
(parent/guardian)

pertinent information by verbal exchange or written documentation for

_____ with the following providers:
(name of student)

I understand that this information will be limited to that which will support my education.

Any specific limitations are noted in the space below.

The authorization shall remain in effect until one year from today. You have the right to revoke this authorization at any time, in writing, by sending such written notification to Kennett High School and will start the day of receipt.

I understand that information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient of your information and no longer protected by the HIPAA privacy rule.

Parent signature Date

Student signature Date

Guidance Counselor signature Date