



# Prevention Intervention Center

514 Glover St, Marietta GA 30060

770-429-5846

## RELEASE OF INFORMATION

I hereby authorize \_\_\_\_\_  
(Assessment Center/Private Practitioner)

To disclose to \_\_\_\_\_  
(School Counselor/Administrator)

At \_\_\_\_\_  
(School)

The following items of information:

- Information obtained from assessment
- Medical records
- Psychological test results
- Recommendations
- Other \_\_\_\_\_
- CONSENT NOT GIVEN AT THIS TIME – NO INFO MAY BE RELEASED

Regarding \_\_\_\_\_  
(Student Name)

This release permits  single  continuing (check one) disclosure.

This consent is given on \_\_\_\_\_  
(Date)

This consent is subject to revocation at any time except to the extent that action has been taken in reliance thereon.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date