



Consent for the Release/ Obtain of Information

Student Name: _____ Grade: _____ DOB: _____

Parent/Guardian's Name: _____

Relationship: _____

I authorize Rio Lindo Adventist Academy's School Counselor to release information to, obtain information from, and communicate with:

Name: _____ Title: _____

Email: _____ Phone: _____

Address: _____

Specialty (*Circle*): Counselor / Psychologist / Psychiatrist / Social Worker / Medical Doctor / Other

I understand that all information is confidential and cannot be released without written permission of the parent or legal guardian.

Parent/Guardian Signature

Date