



# BLESSED SACRAMENT SCHOOL

## Consent for Release of Confidential Information

I give my permission for Exceptional Children information regarding \_\_\_\_\_ (full name) \_\_\_\_/\_\_\_\_/\_\_\_\_ (date of birth), to be released as indicated. The purpose of exchanging this data shall be for educational planning. I understand what information will be released, the purpose for the release of the information, and that there are statutes and regulations protecting the confidentiality of the information. I understand that the federal privacy law (45 CFR Part 164) protecting health information may not apply to the recipient of the information and therefore may not prohibit the recipient from disclosing it. I also understand that other laws may prohibit disclosure without consent of the student, parent(s), or legal guardian.

**Signed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Circle) Parent/Legal Guardian/Surrogate Parent/Student over age 18

**Witnessed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Position:** \_\_\_\_\_