

Davis School District  
Safe Schools Clinical Team (SSCT)  
70 East 100 North  
Farmington, UT 84025  
Phone: 801-402-5919 / Fax: 801-402-5308

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I authorize the release of professional information regarding my child/ward. I understand this may include psychological, social, medical, educational, court, mental health or similar information.

Special Instructions:

CHILD'S FULL NAME \_\_\_\_\_

CHILD'S DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

CHILD'S SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

***PARENT/GUARDIAN SIGNATURE*** \_\_\_\_\_

RELATION TO CHILD \_\_\_\_\_ DATE \_\_\_\_\_

COMMENT:

**CHECK ONE:** Send to \_\_\_ Send from \_\_\_ Share \_\_\_

Person/Agency/School \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Ext \_\_\_\_\_

**CHECK ONE:** Send to \_\_\_ Send from \_\_\_ Share \_\_\_

Person/Agency/School \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Ext \_\_\_\_\_