



Santa Fe High School

16000 Highway 6
P. O. Box 370
Santa Fe, Texas 77510
(409) 927-3100



Santa Fe High School Authorization for Mutual Exchange of Verbal Information

This authorization may not be used to release or obtain documented information. Separate authorization is required for sharing or releasing health records such as written progress notes, treatment plans, test results, etc.

Student's Full Legal Name

Student ID

Date of Birth

Consent Effective Date

I authorize _____ to give and receive information to the individual(s) listed below for the purpose of obtaining mental health information that will allow for coordination to best support your child at Santa Fe High School. I can revoke this consent at any time in writing. I understand this information will remain confidential in accordance with FERPA and HIPPA, federal and state laws.

Information may be released to the following:

Name (Provider)

Title

Phone and Email

Printed Name of Parent/Legal Guardian

Relationship to Child

Signature of Parent/Legal Guardian