

St. Clair County Board of Education
410 Roy Drive
Ashville, Alabama 35953
Phone (205) 594-7131
Fax (205) 594-4441

CONSENT TO RELEASE OF INFORMATION

1. I/We authorize:

- The St. Clair County School System to obtain relevant confidential information and records of my child, _____, maintained by:
 - Jefferson Blount St. Clair Mental Health Authority
 - Jefferson Blount St. Clair Mental Health Authority
 - Jefferson Blount St. Clair Mental Health Authority
- The St. Clair County School System to share relevant information and records with others as necessary to provide services to my family and/or me.
- The St. Clair County School System to disclose personal identifying information concerning my family members to others, as necessary, to protect or provide services to my family and/or me.

2. I may revoke or alter this consent at any time in writing. This consent will automatically expire on _____ unless re-executed.

Parent's Signature: _____

Date: _____

Parent's Signature: _____

Date: _____

Age-Appropriate Child's Signature: _____

Date: _____

Witness Name: _____

Title: _____

Witness Signature: _____

Date: _____