



# Santa Fe Junior High

4132 Warpath Avenue  
Santa Fe, Texas 77510  
(409) 925-9300



## 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 Junior High. 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