

Guardian Angels Catholic School

Consent to Exchange Confidential Information

I, _____, parent/legal guardian of _____, student
Date of Birth _____

Hereby give permission to Guardian Angels Catholic School
2270 Evans Road
Clearwater, FL 33763
(727) 799-6724

To receive or send information from/to: _____
Address: _____
Phone: _____

For the purpose of _____

Information to be disclosed _____

This consent will remain in effect from _____ to _____
unless revoked in writing by me.

I understand this information will be kept in strict professional confidence and will only be released to those with immediate need, for the strict purpose of educational planning for my child. I also understand that I may revoke this consent in writing at any time.

Parent Guardian Signature _____ Date _____

I hereby request this consent is revoked effective _____ Initials _____
Authorized school personnel receiving the revocation _____ Date _____

___ My child is applying at school listed above for: (Check all that apply)
___ Magnet Program ___ IB Program ___ Other

(I understand that one form per school is required in order for records to be released).

OR

___ I am requesting to pick up _____ copies to be hand carried. Notify me when copies are ready.

___ This request is for future use. Please keep on file until further notice.