

YORK CATHOLIC MIDDLE & HIGH SCHOOL

601 E. Springettsbury Avenue, York, PA 17403 ♣ 717.846.8871 ♣ www.yorkcatholic.org

General Release Form Student Assistance Program

I, _____, grant/do not grant permission for
(Name of Parent or Guardian) (Please circle one)

my child, _____, to participate in York Catholic High
(Name of Student)

School's Student Assistance Program. Participation will require release of the following student records:

- ▶ educational (grades, standardized test scores)
- ▶ attendance
- ▶ confidential (psychological reports/IEPs)
- ▶ teacher, guidance, administration referral forms
- ▶ discipline
- ▶ health
- ▶ other _____

to the Mental Health Consultant and Drug and Alcohol Consultant of True North Wellness Services, for the purpose of completing a professional assessment.

Agency services could include:

- ▶ one-to-one contact
- ▶ individual assessment
- ▶ support groups
- ▶ family contact.

This consent to disclose may be revoked by me in writing at any time, and will also expire at the end of the current school year or upon the student leaving/graduating from York Catholic High School.

Phone Number where parent or guardian can be reached during the day _____

Student's Date of Birth _____

Signature of Student _____ Date _____

Signature of Parent _____ Date _____