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 permission for
(Name of Parent or Guardian)

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

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

- ►educational (grades, standardized test scores)
- ►attendance
- ►health
- ►confidential (psychological reports/support plans)
- ►teacher, guidance, administration referral forms

to 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 Middle & 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 _____