

CONSENT FOR EXCHANGE OF INFORMATION

I hereby authorize Elsa Perez of St. James school

To exchange information concerning:

\_\_\_\_\_ with \_\_\_\_\_  
(Person/Organization)

I understand that the information will be used for professional purposes only and will consist of and be limited to the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This consent will terminate on \_\_\_\_\_  
(Date must not exceed one year)

unless revoked by the undersigned in writing prior to this date.

\_\_\_\_\_  
(Student's signature/Date)

\_\_\_\_\_  
(Parent's signature/Date)

**A COPY OF THIS DOCUMENT SHALL BE AS VALID AS THE ORIGINAL.**