

*Consent for Release/Exchange of Information*

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date of Birth

The following persons/programs/agencies have my permission to release/exchange information for the above named student.

Please identify all persons/programs/agencies that apply:

Cleveland Central Catholic High School, 6550 Baxter Ave.  
Cleveland, OH 44105. 216-441-4700

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I authorize the release and exchange of information which I have circled and initialed below as necessary to secure or coordinate services for the student named above.

Circle Yes and Initial

Yes \_\_\_\_\_ Identifying information: name, birthdate, gender, race, address, and telephone number.

Yes \_\_\_\_\_ General Medical: medical records, disability, types of services being received and name of agency providing services to the student named above.

Yes \_\_\_\_\_ Exchange of information with physician (observations from school personnel, recommendations from physician, suggested accommodations that the school can make, etc.)

Yes \_\_\_\_\_ Social History: social history, treatment/service history, psychological evaluations, and other personal information that will assist school personnel in working with the student named above.

Yes \_\_\_\_\_ Exchange of information with psychologists/counselors regarding observations from school personnel and ways to provide support at school.

Yes \_\_\_\_\_ School Information: grades, attendance records.



**Cleveland  
Central  
Catholic  
High  
School**

6550 Baxter Avenue  
Cleveland, OH  
44105

(216)-441-4700

Fax: (216)-441-8353

**Mission  
Statement:**

*Rooted in Gospel values and embracing the diversity of our city, Cleveland Central Catholic High School challenges young people by educating the whole person to responsibly serve God, church, and community.*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date