



**SAFE and SUPPORTIVE
SCHOOLS PROGRAM**
CUERO INDEPENDENT SCHOOL DISTRICT

**CUERO INDEPENDENT SCHOOL DISTRICT NOTICE FOR RELEASE OF
CONFIDENTIAL INFORMATION**

Student Name: _____

D.O.B. _____

School: _____

We are requesting that you authorize the release of specified records containing confidential information regarding the above-named student.

CUERO ISD HAS PERMISSION TO RELASE INFORMATION TO:

Name: TCHATT Program

Address: Department of Psychiatry and Behavioral Sciences UT Health San Antonio
7703 Floyd Curl Drive MC 7792 San Antonio, TX 78229

Phone: 210-450-6440

PURPOSE OF DISCLOSURE:

Educational Planning Student transferring Into/Out of District

TCHATT Other

To obtain assistance in understanding this notice, please contact Lacy Timpone, LPC at 361-298-0695

Yes No, I have been fully informed and understand the school's request for my consent for my release of the student's records as described above. This information will be released upon receipt of my written consent.

Yes No, I understand that my consent is voluntary and may be revoked in writing at any time. Otherwise, this release is valid for one year from the date of signature.

Yes No, I understand I will be notified in writing of each release of educationally related information.

Signature of Parent/Guardian

Date