St. Pius X High School

1500 NE 42nd Terrace
Kansas City, MO 64116

P. 816-453-3450
F. 816-452-7099

Authorization to Exchange Information

Student's Name: _____ Date of Birth: _____

As the parent(s) or legal guardian(s) of the student identified above, I (We) authorize the school counselor(s), inclusive education teacher, or principal to speak to my child's doctor/ therapist/ social worker to exchange pertinent information concerning my child's needs to facilitate my child's progress.

I understand that this authorization is good for the entirety of my child's years at St. Pius X. I also understand that this consent to disclose may be revoked by me in writing at any time. I am aware of my legal right and acknowledge upon this consent I am waiving my rights of confidentiality between me and my doctor/ therapist.

_____

Parent(s) Signature Date

Name of Specialist: _____

Name of Agency or Affiliation: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Principal:	Joseph Monachino, Jr.	(ext. 118)
Asst. Principal :	Robert E. Lee	(ext. 150)
Counselors:	Richard Murphy	(ext. 249)
	Mariza Cascone	(ext. 121)
	Krista Daniels (Inclusive Ed.)	(ext. 126)