



Catholic Charities
of the Archdiocese of Galveston-Houston
Subject: Ethics, Client Rights

COA: ETH, CR
Applies to: Agency-wide

Release of Information Form

Effective: 05/16/02
Revised: 01/12/12

I HEREBY AUTHORIZE: The Teachers and School Staff of :

TO RELEASE/RECEIVE INFORMATION ON: _____

(CLIENT)

TO/FROM: Catholic Charities Counseling Program
(NAME OF PERSON AND/OR ORGANIZATION TO WHOM INFORMATION IS TO BE SENT)

DESCRIPTION OF INFORMATION TO BE DISCLOSED: _____
Child Classroom Behavior
_____ Academic Performance

PURPOSE/NEED FOR THIS INFORMATION: Address my child's needs and allow him/her to enjoy and benefit fully
from their education.

SELECT ONE: **ONE-TIME RELEASE** **Current Academic Year**

"This release will be valid for only 90 days after the above date for a one-time release. The consent maybe extended for one academic (1) year if selected for ongoing service."

I AM ADVISED OF, AND UNDERSTAND, MY RIGHT TO WITHDRAW THIS CONSENT AT ANY TIME AND TO RECEIVE A COPY OF THIS AUTHORIZATION UPON REQUEST.

SIGNATURE: _____ **DATE:** _____
(CLIENT)

OR: _____ **DATE:** _____
(PERSONAL REPRESENTATIVE/RELATIONSHIP TO CLIENT)

WITNESS: _____ **DATE:** _____



Catholic Charities
of the Archdiocese of Galveston-Houston
Subject: Client Rights

COA: ETH, CR, CSE
Applies to: Counseling Services

Parental Consent for
Minors Form

Effective: 05/16/02
 Revised: 09/09/13

PARENTAL CONSENT FOR MINORS FORM

I, _____, the legal guardian/parent, hereby give my consent for _____ to be counseled by _____, their assigned counselor, within the Catholic Charities Counseling Department, until I notify the assigned counselor of any changes or plan to discontinue or until the assigned counselor determines that counseling is no longer necessary.

Parent/Guardian	Date	Relationship	Telephone Number
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Parent/Guardian	Date	Relationship	Telephone Number
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Assigned Counselor	Date
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