



**CONSENT FOR EXCHANGE OF INFORMATION**

I authorize **Elsa I. Figueroa, School Counselor at St. Theresa School,** to share information concerning the academic, behavioral, and emotional status of my child(ren)

\_\_\_\_\_ with:  
Name(s)

(Name) \_\_\_\_\_ (E-mail) \_\_\_\_\_

(Position) \_\_\_\_\_ (Phone) \_\_\_\_\_

(Institution) \_\_\_\_\_ (Fax) \_\_\_\_\_

This consent will automatically terminate on \_\_\_\_\_, unless  
(Date must not exceed one year.)

revoked by the undersigned in writing prior to this date.

\_\_\_\_\_  
Parent's/guardian name (print)

\_\_\_\_\_  
Signature parent/guardian

\_\_\_\_\_  
Date signed