



Please complete the following form. This form should be completed with the most current information for your student so that Green Brook Academy may communicate with relevant service providers regarding your student. Please note that this form will remain in effect for as long as the student is enrolled at Green Brook Academy. Any changes to the Consent of Release form must be provided by written notice to Green Brook Academy Administration.

Consent for Release of Information

Student's Name: _____
Last Name
First Name
Middle Name

I authorize Green Brook Academy to send and/or receive information regarding my child for the purpose of educational, vocational, mental health, community and/or drug treatment planning.

The following represents a list of professionals presently servicing my child. PLEASE LIST ALL THAT APPLY.

- | | |
|---|----------------------------|
| Physician | Phone Number: () - |
| _____ | _____ |
| Psychiatrist | Phone Number: () - |
| _____ | _____ |
| Psychologist | Phone Number: () - |
| _____ | _____ |
| Counselor | Phone Number: () - |
| _____ | _____ |
| Hospital Staff
(Please list Hospital) | Phone Number: () - |
| _____ | _____ |
| Agency Staff
(Please list agency- FACT, CMO, DCP&P, etc.) | Phone Number: () - |
| _____ | _____ |
| Probation Officer
(Please include County) | Phone Number: () - |
| _____ | _____ |
| Other (Please specify agency) | Phone Number: () - |
| _____ | _____ |
| Other (Please specify agency) | Phone Number: () - |
| _____ | _____ |

I understand that this list is not exhaustive and may change during the course of my child's enrollment. I consent that Green Brook Academy Staff may add/delete professionals from this list as a means of maintaining communication with relevant service providers. I understand that this consent will remain in effect as long as my child is enrolled at Green Brook Academy. Further, I am aware that I may revoke this consent at any time by providing written notice to Green Brook Academy Administration.

Parent/Guardian

Signature: _____ **Date:** _____

Student

Signature: _____ **Date:** _____

(Required if student is 18 years old or older)

Witness

Signature: _____ **Date:** _____

Please Note: This form is valid through the completion of student's educational placement at Green Brook Academy.