PERSONALLY IDENTIFIABLE INFORMATION RELEASE FORM

The following release form must be signed and dated by the parent of a student prior to releasing personally identifiable information as defined in Policy 5126.0. The release is to be printed on parish letterhead.

PARENTS’ CONSENT FOR RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION

The undersigned parent(s)/guardian(s) of __________________________, a student in (Student Name)
the parish school of religion program at __________________________ hereby consent (Name of Parish)
to the release of the following personally identifiable information.

Specific information to be released:
________________________________________________________________________
________________________________________________________________________

Reason for release:
________________________________________________________________________
________________________________________________________________________

Information to be released via:
________________________________________________________________________
________________________________________________________________________

The undersigned consent to the transfer of the above information to a third or subsequent party.

_____________________________________  ____________________________
(Parent/Guardian Name)  (Date)

_____________________________________  ____________________________
(Authorized Signature)  (Date)

A copy of the release is requested. (Check One)  Yes ☐ No ☐