*Pittsfield Public Schools*

# Authorization for Release of Information

Student Name:_____ Date of birth:_____ ID# _____

Parent/Guardian Name:_____ Relationship to Student:_____

Address:_____

I herewith give permission for staff with the Pittsfield Public Schools to discuss with or furnish written information regarding myself and my child to the staff at:

☐ Brien Center ☐ Juvenile Resource Center ☐ Primary Care Physician ☐ DCF

☐ DMH ☐ Other _____ ☐ DYS ☐ Juvenile Probation

☐ Other _____ ☐ PDC ☐ CSO

Information to be released:
☐ Verbal Exchange of Information ☐ Written Documentation

Purpose/need for information: To support the above named student academically, emotionally and socially in the school environment.

I may withdraw this permission at any time upon my written request. Otherwise, this permission will expire one year from (Date) _____.

I hereby release the staff with Pittsfield Public Schools and the other agencies noted above from any liability for the release of any information provided in accordance with this authorization.

I have had the opportunity to discuss any questions I have about releasing this information.

Signature of Student:_____ Date:_____
(required if over 18)

Signature of Parent/Guardian:_____ Date:_____

Signature of Pittsfield Public Schools Staff:_____
Date:_____

*Pittsfield Public Schools*

Student Name:_____ Date of birth:_____ ID# _____

Parent/Guardian Name:_____ Relationship to Student:_____

Address:_____

The purpose of the Pittsfield Public Schools is to support student school success by creating a comprehensive system of services and activities that can effectively enhance safety, prevent violence and substance abuse, assess and intervene with youth displaying problems in these areas, and coordinate with appropriate community service providers.

Students involved in the Pittsfield Public Schools may receive a variety of services provided by a School Adjustment Counselor and/or School Psychologist, including assessment, case management, counseling, consultation, and referral to community providers.
In order for your child to participate in this opportunity, the school district must obtain your written consent.

## Informed Consent

Please indicate your signed consent for the Pittsfield Public Schools staff to provide the assessments and/or services checked below.

Assessments:

- ☐ Educational Assessment
- ☐ Mental Health/Substance Use Assessment
- ☐ Observation of the Student
- ☐ Psychological Assessment
- ☐ Developmental History/Family Interview
- ☐ Other: _____

Services:

- ☐ School Adjustment Counselor (SAC) Services
- ☐ Consultation to Service Providers
- ☐ Behavioral Intervention Plan
- ☐ Consultation to Family
- ☐ Psychologist Follow-up
- ☐ Other: _____

_____

Signature of Parent/Guardian Printed Name Date

_____

Signature of Student (required if over 18) Printed Name Date

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_____

School Adjustment Counselor name Phone Email

413-499-9515

_____ _____

School Psychologist name Phone Email