

# Counseling Release Form

Parent: Please complete form. Give a signed copy to your child's counselor and to LGHS.  
Counselor, please retain a copy for your records.

I \_\_\_\_\_ (Parent) hereby authorize my child's counselor,  
\_\_\_\_\_, to give full disclosure to LGHS regarding any information  
pertinent to the school performance of my child.

I \_\_\_\_\_ (Student) hereby give my counselor, \_\_\_\_\_  
permission to give full disclosure to LGHS regarding any information pertinent to my  
school performance.

Name of Student: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_/

Parent or Legal Guardian signature: \_\_\_\_\_

Name of counselor: \_\_\_\_\_

Preferred contact method: \_\_\_\_\_