

LGHS 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: _____