

PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM

Campus: \_\_\_\_\_

**CONSENT TO RELEASE PERSONAL INFORMATION**

- I voluntarily consent to authorize the Guidance and Counseling Unit (GCU) to use or disclose my son's/ daughter's specified information during the term of this Authorization to the recipient/s I have identified below.**

Specific Information Authorized for Disclosure: *Please check the applicable box/es:*

- Complete Name of Student
- Grade Level
- Gender
- Scholarship Categorization
- NCE Test Result
- Psychological Test Result/s
- Nature of the Problem reported at the Guidance Office (may include indications/types of behavior observed in class, clinical diagnosis, manifestations of condition)
- Probable cause/s of behavior and action
- Intervention given by the School Personnel
- Medical Records/Evaluation/Recommendation submitted at the GCU

Authorized Recipients of Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

The release of my son's/ daughter's information is for the following specific purpose/s:

\_\_\_\_\_  
\_\_\_\_\_

I understand that this Authorization will remain in effect:

- From the date of this Authorization until the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.
- Until the GCU fulfils the intended purpose.

- I do not Authorize the Guidance and Counseling Unit or the Philippine Science High School System to use my son's/ daughter's information.**

\_\_\_\_\_  
Name of the Student

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Name of Parent/s

\_\_\_\_\_  
Signature/Date