

PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM

Campus: Central Mindanao 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