



**HORIZON HIGH SCHOOL**  
P.O. BOX 45045 MADISON, WI 53744

**AUTHORIZATION FOR RELEASE OF INFORMATION**

\_\_\_\_\_ of Horizon High School, is hereby granted my permission to release/obtain from (**circle on or both**):

Indicate full name, address and phone number of individual agency or program:

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

Such information as may be necessary regarding the treatment/or educational program of:

Indicate full name, other names used and birth date of client:

\_\_\_\_\_ DOB: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose or need for disclosure:

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

***I understand that my records are protected under State Statutes governing confidentiality and cannot be disclosed without my written consent unless otherwise provided for in State Statute.***

***This consent to disclose may be revoked by me at any time, except to the extent that action has been taken in reliance thereof:***

***This consent, unless revoked by me in writing expires on:*** \_\_\_\_\_

\_\_\_\_\_  
***Parent/Guardian Signature*** ***Date Signed***