

**SUBSTANCE USE/ABUSE TREATMENT  
AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize \_\_\_\_\_ to

Name of Facility

release confidential information and other information regarding the needs and

recommendations regarding \_\_\_\_\_ to the

Name of Student

principal or designee at Bondurant-Farrar Community School District.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

**Adopted:** 6/14/1993  
**Reviewed:** 1/10/2022  
**Revised:** 5/09/2011