



## RELEASE OF INFORMATION: Student 13+ Signer

1. Please select your school \*
- Meany Middle School
  - Whitman Middle School

### SECTION 1: Student and Signer Information

<b>Student Legal name *</b>	
First Name	Last Name

<b>Student Date of Birth *</b>
Date

<b>Student Zip Code *</b>
Postal/Zip Code

Seattle Public Schools wants to provide students with the services they need to succeed. To do this, Seattle Public Schools and its health and social services partners, agreed to use the Student Health Hub. The Student Health Hub is a simple and secure way to connect students to health and social services in your community.

Once your/your student's education record information is shared with the Student Health Hub, a representative will connect and coordinate your/your student's access to health and social services.

### SECTION 2: Consent

#### STUDENT 13 AND OVER CONSENT TO COORDINATE CARE

As a youth aged 13 or over, I may receive outpatient mental health treatment without the consent of a parent/guardian. RCW 71.32.530. I acknowledge and agree that I was encouraged by school staff to involve my parent/guardian in this process, and I declined to do so. With my signature below, I am giving permission for Seattle Public Schools to share my information with the Student Health Hub for the purpose of connecting me to Seattle Public Schools approved health and social service partners whose services I may consent to. I understand that no information will be shared from my education record.

Commented [MB1]: Conditional based on form response



**SECTION 3: Signature**

**Signature \***

*Sign Here*

**Date**

Date

**Name of Signer \***

First Name

Last Name

**Email \***

*example@example.com*

