Date Received by TCV:
_____

TCV Community Services SAP Screening Permission Form

TO: (School)_____
Parent (or Guardian) _____
Parent/Guardian Home Address_____
Parent/Guardian Phone Number_____
Parent/Guardian Email Address:_____

RE: Student _____ Sex M/F_____
Date of Birth (Student): _____ Race_____

I, (Parent/Guardian) _____, hereby request and

authorize **West Mifflin School District** and **TCV Community Services** to release and exchange the following information with regard to my child, _____

for the purpose of conducting a behavioral health screening and/or report.

This consent will automatically expire one month after the end of the present 2020/2021 school year.

Information to be released between school and TCV Community Services:

X Academic/Attendance/Suspension/Detention Records

X Summary of Behavioral Health screening/Education Summary/Follow-up observation

X Shared Verbal information by school/other needs as reported by student

I understand that by law, I need not consent to the release of this information; however, I choose to do so willingly and voluntarily for the purpose specified above. I understand that my records are protected under the applicable state law governing health care information that relates to mental health services and under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records 42 CFT Part 2 and cannot be disclosed without my written consent unless otherwise provided for in State and Federal regulations. I also understand that I may revoke this consent at any time, except to the extent that action has been taken in reliance on it.

_____
Student Signature
Date:

X_____
Parent/Guardian Signature or
Empowered Other only when applicable
Date:

_____
Witness (School Personnel)
Date:

_____
Witness (Agency Personnel)
Date

Reason for SAP Referral