

**Campus Selection**  
2 Dunloggin Lane  
**The Woodlands, Texas 77380**  
**Telephone: 281.364.9700 Fax: 281.292.0449**  
[www.campusselection.com](http://www.campusselection.com)

Consent Form

Being the parent or guardian of \_\_\_\_\_ I give Londa May of Campus Selection, Inc. permission to have access, and discuss confidential information about my child's academic and psychology records.

This release allows access to any psychological reports, or testing administered by agencies outside the school district, as physicians, psychiatrists, psychologists, counselors, private diagnosticians, or private hospitals.

My child's Date of Birth is \_\_\_\_\_ and is currently attending \_\_\_\_\_ School in \_\_\_\_\_ District.

This in accordance with my rights under the Family Educational Rights and Privacy Act, this law entitles access to my child's records, Public Law 93-380, and in accordance with HIPPA Law 104-191 and Federal Confidentiality rules (42 CFR Part 2). All information given to Campus Selection, Inc. will be confidential, to use solely for the benefit of assisting my child in continuing his, or her education.

Fees are the responsibility of parents, or guardians and not from any school, treatment facility, or program relating to the placement of my child.

I have read the above statement and agree to the conditions of the placement service. Consent is given to select educational alternatives for my child and will not be used for any other purpose.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_

\_\_\_\_\_  
Address