



1013 E. Creswell Lane, Opelousas, LA 70570  
Phone: (337) 948-3657 - Fax: (337) 942-0204  
Milton Batiste III, Superintendent

**ST. LANDRY PARISH SCHOOL BOARD**  
**CONSENT TO RELEASE BEHAVIORAL HEALTH INFORMATION**  
**(Including Paper, Oral, and Electronic Information)**

Your written consent allowing communication between your outside behavioral health provider and St. Landry Parish School Board is required by law (La. R.S. 17:173(h)). Please complete all blanks below.

Student Name	Date of Birth
Street Address	City/State/Zip
School	Grade

**I hereby authorize:**

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

**To Release Protected Medical And Behavioral Health Information To:**

NAME: **Marquet Rideau, Title IX/Multi-tiered Systems of Support (MTSS) District Leader at St. Landry Parish Pupil Appraisal Center**  
St. Landry Parish Public Schools; Pupil Appraisal Center  
127 Blair St, Opelousas, LA 7057  
(337) 948-3646

I authorize and consent to the release of protected medical and behavioral health information related in any way to the behavioral health provider evaluation and services rendered to my child while at school during the school day, including medical history, medications, examinations and reports, hospital records, treatment records, progress reports, and any and all other information directly or indirectly pertaining to my child's identified behavioral health needs.

This authorization and consent shall expire one year from the date on which it is signed.

\_\_\_\_\_  
Printed Name of Parent/Guardian

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

\_\_\_\_\_  
Date