

**RELEASE OF INFORMATION
REGARDING SEXUALLY TRANSMITTED DISEASES-STUDENTS**

_____ has been diagnosed as having a sexually transmitted disease. I
(Student) have told

_____ of this fact and have authorized this information to:
(Employee)

In addition, I authorize _____ to contact _____
(School employee) (Physician)

to verify that _____ has been diagnosed as having a sexually transmitted
(student)

disease. This release of confidential information is effective from _____ to _____.
(date) (date)

"This information has been disclosed to you from records whose confidentiality is protected by State law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by State law. A general authorization for the release of medical or other information is not sufficient for this purpose." (RCW 70.24.017(12))

Signed _____

Date _____

NOTE: Signature must be by the student, unless the student is under 14 years of age or incompetent, in which case the parent/guardian/custodian shall sign.