



**Threat Assessment
Las Cruces Public Schools**

Consent for Release of Confidential Information

This form allows information about the student named below to be exchanged between the listed agencies or professionals. As a parent, guardian, or adult student, you have the right to give or not give permission for the exchange of information. Purpose of request: verification that student has received appropriate assessment/intervention related to allegedly making a threat.

Student Name _____ ID# _____
Date of Birth _____ School _____ Grade _____

I (Print Name of Parent/Guardian or Adult Student), _____,

hereby authorize*: School Administrator _____ School _____

Address _____ Zip _____

to exchange information with:

Name _____ Title _____

Agency Name (if applicable) _____

Address _____ Zip _____

Phone Number _____ Fax Number _____

SIGNATURES*:

Parent/Guardian or Adult Student Signature: _____ Date _____

Signature of school representative _____ Date _____

***This authorization is in effect from the date of signature and continues for the current school year.**

To be completed by evaluating licensed professional:

The student was evaluated in relation to alleged threat to self or others as documented by school administration on the attached threat screening form. Yes No

Is the student identified as an imminent risk to harm self or others? Yes No

Recommendations for return to school:

PRINTED Name _____ Title _____

SIGNATURE _____ Date _____

(Please return this form by mail, fax or email to _____ (address or number))