**Declaration of release from the**

**obligation of secrecy and confidentiality**

I, the undersigned,

(first name surname, date of birth, address)

(represented by: (first name surname, date of birth, address)

herby release the individuals and authorities ticked below from their mutual obligation to maintain secrecy and confidentiality.

❒ Teacher, Mr/Ms

❒ Headmaster/Headmistress, Mr/Ms

❒ Advisory assistant, Mr/Ms

❒ Youth social worker, Mr/Ms

❒

at the (*school*),

in dealings with

❒ Advisory assistant, Mr/Ms

❒ Youth social worker, Mr/Ms

❒ School psychological advisory service, Mr/Ms

❒ Psychological advisory service, Mr/Ms

❒ Child and adolescent psychiatrist, Mr/Ms

❒ The Job Centre, Mr/Ms

❒ The youth welfare office (*Jugendamt*), Mr/Ms

❒ The Employment Agency (*Agentur für Arbeit*), Mr/Ms

❒

This declaration is valid until \_\_\_.\_\_\_.2019 and serves the following purpose:

This release applies to the exchange of information on the following topics:

These topics are not to be addressed:

..

This release from the obligation of secrecy and confidentiality does not entitle the person(s) specified above to use the information received in dealings with other third parties. This information shall be treated as confidential.

I have voluntarily given my declaration of release from the obligation to maintain secrecy and confidentiality. I am aware that I can revoke this declaration of release from the obligation to observe secrecy and confidentiality at any time with regard to the future.

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Place, date Signature, legal guardian if appropriate