Warren County Board of Education 2548 Morrison Street McMinnville, TN 37110

Phone: (931) 668-4022 Fax: (931) 668-5219

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

information on	(Student's full name)		(Student's Date of Birth)
From:	(otadonto fan fanto)	To:	(classific bale of biral)
(Name of Person or Agency)		(Name of Pe	rson or Agency)
(Street Address)		(Street Addre	ess)
(City, State and Zip Code)		(City, State a	and Zip Code)
specifically consent to the elease of information pertaining o: Medical records Psychiatric records Alcohol and/or Drug records Residential records Other (specify):	Information to be released: Discharge Summary Treatment Plan Progress Notes Verbal Exchange of Information Physician's Statement forms Psychiatric Evaluation Psychological Evaluation		The purpose in releasing this information: Homebound Services
			 Developing educational accommodations/ programs Development of school health plan Other (please describe):
that was made on the basis of Confidentiality. I understand the Privacy Act (20 U.S. C. & 1232 written consent unless otherwis automatically in one year if no as effective and valid as the or	rstand that any releathis authorization shat my records are prog; 34 CFR Part 99), se provided for in the date is indicated belog.	ise that has be all not constitu otected under and these rece regulations. <u>7</u>	en made <u>prior</u> to my revocation and te a breach of my Right of the Family Educational Rights and ords cannot be disclosed without my
Expiration Date:			
Signature of Parent or Legal Guardian (Require Signature of Student (Required if student is ag		s of age)	Date signed
Signature of Witness			Date signed

Revised: May 25, 2023