

Warren County Board of Education  
2548 Morrison Street  
McMinnville, TN 37110  
Phone: (931) 668-4022 Fax: (931) 668-5219

**AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION**

Pursuant to Federal Guidelines concerning my Right to Confidentiality, I hereby authorize the use or disclosure of information on \_\_\_\_\_,

(Student's full name)

(Student's Date of Birth)

From: \_\_\_\_\_  
(Name of Person or Agency)

To: \_\_\_\_\_  
(Name of Person or Agency)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State and Zip Code)

\_\_\_\_\_  
(City, State and Zip Code)

I specifically consent to the release of information pertaining to:

- 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):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I may revoke this consent at any time by written notification to Warren County Schools. However, I also understand that any release that has been made prior to my revocation and that was made on the basis of this authorization shall not constitute a breach of my Right of Confidentiality. I understand that my records are protected under the Family Educational Rights and Privacy Act (20 U.S. C. & 1232g; 34 CFR Part 99), and these records cannot be disclosed without my written consent unless otherwise provided for in the regulations. *This authorization shall expire automatically in one year if no date is indicated below.* A copy of this authorization shall be considered as effective and valid as the original.

Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian (Required if student is below 18 years of age)

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Signature of Student (Required if student is age 16 or above)

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date signed