Warren County Board of Education
2548 Morrison Street
McMinnville, TN 37110
Phone: (931) 668-4022 Fax: (931) 815-2703 or (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: _____ To: _____
(Name of Person or Agency) (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

Revised: May 22,2026