

Hardeman County School System

Mr. Warner Ross II, Director of Schools

10815 Old Hwy. 64

Bolivar, TN 38008

Fax: (731) 658-2061

AUTHORIZATION FOR RELEASE OF INFORMATION

For the purpose of providing the most appropriate assistance and meet the needs of your child, information may need to be obtained from and/or shared with service providers who are providing health/medical/educational services or for the purpose of aiding in the coordination of services for your child.

Name of Student: _____ Date of Birth: _____

Address: _____

School Where the Child is Enrolled: _____ Grade: _____

Parent/Legal Guardian: _____ Phone: _____

Pursuant to Federal Guidelines concerning the right of confidentiality, I authorize the exchange of information between the Hardeman County School System and the following:

(Name & Address of Agency, Institution, Association, Physician and/or Clinician)

Hardeman County School System is authorized to:

Release/Receive All Information Release/Receive the Checked Information (Below)

- | | |
|---|---|
| <input type="checkbox"/> Medical history, examination/evaluation, lab test, treatment reports | <input type="checkbox"/> Standardized achievement test |
| <input type="checkbox"/> Psychiatric evaluation reports | <input type="checkbox"/> Individual Educational Plan (IEP) |
| <input type="checkbox"/> Psychoeducational evaluation/assessment | <input type="checkbox"/> 504 Accommodation Plan |
| <input type="checkbox"/> Psychosocial evaluation/assessment | <input type="checkbox"/> Personality and Interest Scores |
| <input type="checkbox"/> Treatment plans and reports of progress in treatment | <input type="checkbox"/> Teacher Rating Scales |
| <input type="checkbox"/> Alcohol and drug treatment reports | <input type="checkbox"/> Physical Therapy notes and evaluations |
| <input type="checkbox"/> Occupational Therapy notes and evaluations | <input type="checkbox"/> Legal advocacy case notes |
| <input type="checkbox"/> Speech Therapy notes and evaluations | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Psychological Evaluations | <input type="checkbox"/> Withdrawal Grades |
| <input type="checkbox"/> Official Transcript | |

This authorization expires one year from this date: _____.

This authorization may be revoked at any time upon written notification from the parent/legal guardian/ or eligible student.

(Signature of Parent/Guardian) Date

(Witness) Date