



# RELEASE OF INFORMATION

_____ Student's Legal Name	_____ DOB	_____ Date
_____ School	_____ Phone	_____ Fax
_____ School Contact Person	_____ Email Address	
_____ Who to obtain/release information	_____ Phone	_____ Fax
_____ Contact Person	_____ Email Address	

This authorizes the above Agency/Facility/Person to release to Shelby County Schools, and Shelby County Schools to release to the Agency/Facility/Person listed above.

**Requested Information (Please Initial):**

- Medical Summary/Diagnosis
- Medical Recommendations/Orders
- Treatment Plan/Goal
- Special Education Records (including eligibility and most recent IEP)
- Other: \_\_\_\_\_
- Audiological Report/Audiogram
- Optometrist/Ophthalmologist Report
- Cumulative Record Information
- Medications Prescribed
- Dates of Treatment

**This information will be used for the purpose(s) of (Please Initial):**

- Attendance/Absences/Tardies
- IEP/Development/Educational Planning and/or Placement
- Educational Plan related to Academic/Behavioral Plan
- Other: \_\_\_\_\_

This authorization and request is fully made on a voluntary basis and I understand that Shelby County Schools may send quarterly attendance reports to my health care provider for verification. I understand that this Authorization is effective for a period of one year from the date of signature. I understand that I have the right to revoke this authorization at any time by sending a written request to Shelby County School authorized above to release the information.

This information has been disclosed to you from records whose confidentiality is protected by federal and state laws which prohibit making any further disclosure without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose. Information released will become part of the education record.

The Family Educational Rights and Privacy Act (FERPA) of 1974 was designed to protect the privacy of educational records and to establish the rights of students to inspect and review their educational records. It also provided control over the release of educational record information. The original intent of this legislation was to keep elementary and high school records private and to give parents access to their child's school records. Once a student turns eighteen, or attends school beyond secondary school, the rights of access to the student's records transfer to the student. This means that all academic information regarding your student goes directly to the student unless the student has given specific, written permission to release that information to someone else. The exception to this law occurs if parents document in writing that the student is still claimed as a dependent for income tax purposes. The school may require you to submit your most recent tax forms in order to support this claim.

_____ Print Parent/Guardian Name	_____ Parent/Guardian Signature
_____ Student Signature if 14 years or older	