

Jefferson County Schools
P.O. Box 190, 1220 Gay Street
Dandridge, TN 37725
Telephone: (865)397-3194
Fax: (865)397-3301

**Educational and Medical
AUTHORIZATION TO RELEASE/REQUEST INFORMATION**

I do hereby authorize Jefferson County Schools to (**check one**):

() Release to: _____

() Request from: _____

Agency or Person: _____

Street Address: _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Any medical information, diagnosis or records and/or any educational records will be utilized for the purpose of school programming. Please include any psychological or medical evaluations and special education records such as the current IEP, Eligibility, Psychological, Speech/Language evaluations pertaining to him/her.

Student Information

Name _____ DOB _____

Social Security Number _____

Date _____

Parent or Guardian Signature _____

Please send information to:

School _____

Attention _____

Address _____

City _____ State _____ Zip Code _____

Note: Jefferson County Schools complies with the provisions of the Family Education Rights and Privacy Act the security and confidentiality of records. This release is effective up to and including one (1) year from the date of signature.