

MARYVILLE CITY SCHOOLS
833 Lawrence Avenue Maryville TN 37803
Phone- 865-982-7121 Fax- 865-977-5055

CONSENT FORM FOR RELEASE OF INFORMATION

Student Name _____ Date of Birth _____

School _____ Grade _____

I hereby authorize the mutual exchange of information pertaining to _____

Student Name

between the Maryville City School System and the following agencies:

(include all physicians, psychiatrists, hospitals, clinics, etc. that have had significant contact with your child)

PROVIDER/ENTITY NAME	ADDRESS	PHONE	FAX

*The specific records to be disclosed pertain to a request by the parent/student for homebound instruction due to a physical or mental health condition.

*This communication may be verbal or written.

*The purpose for making this request for information is to determine eligibility for temporary homebound instruction.

*The receiving party will not disclose the information to any other party without signed consent.

I certify that I am the parent or legal guardian of the child named above or that I am a student of majority age and have the authority to sign this release. If 18 or older, the student will sign below.

Name (print)

Signature

Address

This release is valid for 12 months from the date of signature.

Date of signature _____