



Home of the New Braunfels Unicorns!

NEW BRAUNFELS INDEPENDENT SCHOOL DISTRICT

430 W. Mill, New Braunfels, Texas 78130
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Authorization to Release Healthcare Information

School Year: _____

Student Name: _____ Date of Birth: _____ Student ID/Teacher: _____

I request and authorize: _____

to release healthcare information of the student named above to:

This request and authorization applies to:

- ☐ All healthcare information
☐ Healthcare information relating to the following treatment, condition, or dates: _____

☐ Other: _____

☐ Yes ☐ No

I have been fully informed and do understand the
school's request. I authorize the release of the
healthcare information.

Parent/Guardian Signature

Date