

Germantown Municipal School District
3350 S. Forest Hill Irene Rd.
Germantown, Tn. 38138
Release of Confidential Information

Student's Full Name: _____

School: _____ Grade: _____ D.O.B. : _____ Gender: _____

Address: _____ City/Zip: _____

Student resides with: _____ Relationship: _____

Phone Numbers: _____

Indicate communication type that's allowed;

Information may be obtained from the following individual or agency

Information may be released to the following individual agency

or

Two-way communication between GMSD and the individual or agency listed below.

Name and address of individual or agency: _____

Pursuant to Federal Guidelines concerning the right to confidentiality, I authorize the agencies or individuals marked above to release my child's medical information.

I specifically consent to the release of information or medical documentation as marked below:

Student's previous medical assessment

Verbal communication between appropriate GMSD personnel and the above stated individual/agency.

Other (specify):

I understand that I may revoke this consent to release information at any time: however, I also understand that any release which has been made prior to my revocation and which was made in reliance upon this authorization shall not constitute a breach of my right to confidentiality. Unless I revoke this authorization prior to such time, this authorization shall expire within one year from date of the signature. At that time no express revocation shall be needed to terminate my consent.

(If the client is under age eighteen, or has a guardian appointed by the court, this release must be signed by the client's parent or guardian.)

Signature of Parent, Legal Guardian, or Client age 18 or Older: _____

Date: _____

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