

**HAMBLEN COUNTY BOARD OF EDUCATION
SPECIAL SERVICES DEPARTMENT**

210 East Morris Boulevard, Morristown, TN 37813
Phone: 423-581-3067

I do hereby authorize Hamblen County Schools to:

_____ **Release To**

_____ **Obtain From**

Physician: _____

Physician Address: _____

Physician Phone: _____

the following information regarding:

Student's Name

Date of Birth

_____ Physical evaluation

_____ Psychological evaluation

_____ Attention Deficit Disorder Evaluation Scale(s)

_____ Communication for the school year

_____ Other educationally relevant information (please specify) _____

Medical diagnosis: _____

SCHOOL: _____

NAME OF PERSON MAKING REQUEST: _____

DATE OF REQUEST: _____

SCHOOL NURSE FAX NUMBER: _____

Signature of Parent/Guardian

Date

Mandy Lloyd
Supervisor of Special Services