



CONSENT RELEASE FORM (PARENT/GUARDIAN)

2020-2021

I, _____, do hereby give my permission and consent for
(parent/guardian)

Name _____

Address _____

Phone _____

to release information for the purpose of meeting my family's needs. I understand that Tuscaloosa City Schools will not disclose or disseminate information created or received about me except for purposes of appropriate assistance as it relates to me or my family. All information received by Tuscaloosa City Schools will be shared with social workers, only as necessary.

I understand that I may revoke this authorization at any time by notifying the Tuscaloosa City Schools in writing, but it will not have any effect on any information received before the revocation.

(Signature of parent/guardian)

(Date)

(Signature of witness)

(Date)