



CONSENT RELEASE FORM

2020-2021

I, _____, do hereby authorize
(Parent/Guardian)

Name _____

Address _____

Phone _____

to release medical, social, and academic information about

_____, born ____/____/____.
(Student's Name) (M) (D) (Y)

I also give my authorization for the Tuscaloosa City Schools to release medical, social, and academic information requested by physicians, agencies, school, and institutions for the purpose of improving the physical/academic well being of the above named child. I understand that the Tuscaloosa City Schools will not disclose or disseminate information created or received about my child except for the purposes of appropriate medical treatment, social and/or academic assessment. All information received by the Tuscaloosa City Schools will be shared with social workers, nurses, principals, teachers, counselors, and psychologists only as necessary.

I understand this authorization is for the school year 2020-2021. 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 information received before the revocation.

(Signature of parent/guardian)

(Date)

(Signature of witness)

(Date)