



## CONSENT RELEASE FORM

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 \_\_\_\_\_. 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)