

**Authorization to Release Information**

**Sevier County School System  
Department of Special Education**

1834 Jack Delozier Drive  
Sevierville, TN 37876  
Phone: 865.453.1036  
Fax: 865.453.3112

Student \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Parent \_\_\_\_\_ Phone (home) \_\_\_\_\_  
(work/cell) \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ has been referred for an evaluation for Special Education Services.  
Any information or materials that may contribute to this assessment including, but not limited to,  
**Educational records** related to psychological assessments, diagnosis, recommendations,  
behavioral and progress reports.  
**Medical records** and information related to diagnosis, prescriptions, conditions, therapy and  
recommendations.

\_\_\_ I give permission to release information about my child to the Sevier County School System for the  
dates of service of \_\_\_\_\_.

*Please send to:* **Department of Special Education** Phone: 865.453.1036  
1834 Jack Delozier Drive Fax: 865.453.3112  
Sevierville, TN 37876

\_\_\_ I do not give permission to release information about my child to the Sevier County School System.

I understand that I can cancel this authorization at any time, but I understand that the cancellation will not  
affect any information that was already released before the cancellation. I understand that information  
about my case is confidential and protected by state and federal law. I approve the release of this  
information and understand what this agreement means. I am signing on my own and have not been  
pressured to do so. I understand that this authorization is valid for one year. I agree that the agencies  
and/or individuals listed below may share and exchange information about my child.

\_\_\_\_\_  
*Parent/Guardian Signature* \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
*Authorized School Employee Signature* \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Agency and/or Person: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Fax: \_\_\_\_\_