

KNOX COUNTY SCHOOLS
Pupil Personnel Department

AUTHORIZATION TO RELEASE/REQUEST EDUCATIONAL RECORDS

Student _____ Date of Birth _____

School _____ Specialist _____

RELEASE OF INFORMATION

As parent/legal guardian of the above-named student, I do hereby authorize Knox County Schools to RELEASE:

- | | |
|-----------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Psychological/Psychiatric Report | <input type="checkbox"/> IEP/Service Plan/M-Team |
| <input type="checkbox"/> Hearing Report | <input type="checkbox"/> OT/PT Report |
| <input type="checkbox"/> Vision Report | <input type="checkbox"/> Speech/Language Report |
| <input type="checkbox"/> Medical Statement | <input type="checkbox"/> Oral Exchange of Information |
| <input type="checkbox"/> Other (Specify) _____ | |

REQUEST FOR INFORMATION

As parent/legal guardian of the above-named student, I do hereby authorize Knox County Schools to RECEIVE:

- | | |
|-----------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Psychological/Psychiatric Report | <input type="checkbox"/> IEP/M-Team/Service Plan |
| <input type="checkbox"/> Hearing Report | <input type="checkbox"/> OT/PT Report |
| <input type="checkbox"/> Vision Report | <input type="checkbox"/> Speech/Language Report |
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Oral Exchange of Information |
| <input type="checkbox"/> Diagnostic Reports | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Other (Specify) _____ | |

Complete Address of Agency:

The purpose of this request is to assist in educational programming.

I understand that this release can be modified/rescinded in writing at any time, and will otherwise be effective throughout my child's attendance in Knox County Schools. A letter to rescind should be sent to the Director of Pupil Personnel Services, Knox County Schools. I further understand that the information received above will be forwarded to other school systems in which my child may enroll.

Parent/Guardian Signature

Date

Witness

Date

***Note to Knox County Schools Specialist: Submit to Central Office only when you know the pertinent reports are currently available.*

Original – Central Office -Attention: Spec. Ed. Records Secretary
Copy – Parent
Copy – CCR or CR

**RETURN TO: Knox County Schools
P.O. Box 2188
Knoxville, TN 37901-2188**

Attn: Annie Ewoldt