

RELEASE OF INFORMATION

DEPARTMENT OF SPECIAL EDUCATION/SEVIER COUNTY TENNESSEE

I do hereby authorize the Sevier County Schools to:

() Release to:

() Receive from:

Agency or Person: _____

Street Address: _____

City, State, Zip Code: _____

Any information or materials that may contribute to the school adjustment or assessment of my () son or () daughter.

Please include educational, psychological, and/or medical information pertaining to him/her. I have been fully informed as to what purpose these materials are to be used, and that I have the right to all records generated by the assessment, and shall be given the opportunity to clarify points made and to add further material. I have also been informed as to what assessment procedures are to be followed and that I have a right of review.

* _____
Student's Name

Student's Date of Birth

* _____
Parent or Guardian's Signature

Date

This information should be sent to:

Sevier County Schools
Special Education Department
550 Eastgate Road
Sevierville, TN 37862-4122

Attention: _____

Phone: (865) 453-1036
Fax: (865) 453-3112