

**Authorization to Release Information**

**TRULA LAWSON EARLY CHILDHOOD CENTER**  
**Sevier County School System Department of Special Education**  
550 Eastgate Road  
Sevierville, TN 37862  
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:* **Trula Lawson Early Childhood Center** Phone: 865.453.1036  
**550 Eastgate Road** Fax: 865.453.3112  
**Sevierville, TN 37862.**

\_\_\_ 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: \_\_\_\_\_