

**For office use:**  
Date Received: \_\_\_\_\_  
Received by: \_\_\_\_\_



Williamson County Schools  
Student Support Services  
1320 West Main Street, Suite 202  
Franklin, TN 37064  
(615) 472-4130 Fax: (615) 472-5670

**WILLIAMSON COUNTY SCHOOLS  
RELEASE OF INFORMATION FOR  
HOMEBOUND SERVICES**

I authorize Williamson County Schools to obtain records pertaining to previous and current Education and/or medical status of my child. This includes:

- ✓ School Records (Special & General Education)/Attendance
- ✓ Medical Examination Records/History
- ✓ Diagnosis
- ✓ Psychological Evaluations
- ✓ Other evaluations: \_\_\_\_\_

This consent will also allow open communication between the independent outside organization or individual, and Williamson County Schools. I further authorize that a physician may discuss my child's medical history with representatives of Williamson County Schools, and for Williamson County Schools' representatives to discuss my child's educational concerns and attendance.

The following organization or individual has the permission to release information to Williamson County Schools. This consent is good for one year or until \_\_\_\_\_.

*I understand that I may withdraw consent at any time.*

**Please Print:**

**Organization&/OR Individual Name**

**Phone, Email, or Fax Number**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student Information**

**Student Name:** \_\_\_\_\_

**DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**School:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City/Zip:** \_\_\_\_\_

**Parent/Legal Guardian:** \_\_\_\_\_

**Best Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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