



# The King's Daughters' School

412 West 9<sup>th</sup> Street  
Columbia, TN 38401

Phone (931) 388-3810  
Fax: (931) 388-0405

www.tkds.org  
info@tkds.org

## Request for Release of Information

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

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_  
(student/parent/legal guardian) (former program/school/camp name)

to release information regarding the individual listed above to:

**The King's Daughters' School**  
**412 W. 9<sup>th</sup> St.**  
**Columbia, TN 38401**  
**Phone: 931.388.3810**  
**Fax: 931.388.0405**  
**Email: info@tkds.org**

I consent to the release of information or records pertaining to:

- |  |   |
|--|---|
| <input type="checkbox"/> IEP                               | <input type="checkbox"/> Social Summary         |
| <input type="checkbox"/> Educational Records               | <input type="checkbox"/> Treatment Plans        |
| <input type="checkbox"/> Eligibility Report                | <input type="checkbox"/> Progress Notes/Reports |
| <input type="checkbox"/> Assessments                       | <input type="checkbox"/> Discharge Summary      |
| <input type="checkbox"/> Disciplinary Reports              | <input type="checkbox"/> Medical Records        |
| <input type="checkbox"/> Psychological Evaluations         | <input type="checkbox"/> Immunization Records   |
| <input type="checkbox"/> Oral Exchange of Information      |   |
| <input type="checkbox"/> Other (please be specific): _____ |   |

Reason for information to be released: Potential Enrollment

In granting this permission, I expressly waive my right to confidentiality under HIPPA, or any other pertinent law, regulation, or policy.

I understand that I may withdraw my consent to this release of information at any time by written request. I also understand that any information release prior to my written request shall not constitute a breach of my right to confidentiality. Unless I withdraw my consent, this authorization to release information shall be effective from the below date and will expire in ninety (90) days.

Student/Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If a student gives oral consent or signs with an X, the form must be signed by two (2) witnesses:*

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_