Cannon County Schools
Section 504 Release of Information

For the purpose of providing the most appropriate instruction and assistance in school, I do hereby give permission for the release of all pertinent psychiatric, psychological or medical evaluations concerning

Student Name: _____

DOB: _____

From

_____
Name of Hospital, Clinic, Physician

_____
Address or Fax Number

_____
Phone Number

To Cannon County Schools 504 Coordinator

_____
School Name

_____
Address/Fax Number

_____
Phone Number

Parent Signature_____ Date_____