



**Shelby County Schools  
Department of Exceptional Children & Health Services**

**Release of Information**

**TO:** \_\_\_\_\_  
(AGENCY)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(CITY) (STATE) (ZIP)

\_\_\_\_\_  
(PURPOSE OF RELEASE)

**CHILD'S NAME** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_

**SHELBY COUNTY SCHOOL ATTENDED** \_\_\_\_\_

**GRADE/CLASS** \_\_\_\_\_

I hereby authorize the release of medical, psychological, and/or education records for the above named child.

**To** Department of Exceptional Children, SPED Records

**From** 2930 Airways Blvd., Memphis, Tennessee 38116  
Phone: (901) 416-1943 Fax: (901) 416-2520

I understand that I may revoke this consent to release information at any time. It is further understood that these records are confidential to the agency named above.

Signed \_\_\_\_\_  
(Applicant)

Date \_\_\_\_\_

*For office use only:*

**Parent(s) Home Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**(SCS) Legal District** \_\_\_\_\_