



## Hawkins County Schools

200 N. Depot Street, Rogersville, TN 37857  
Phone: (423) 272-7629 Fax: (423) 272-8642

### AUTHORIZATION TO RELEASE AND OBTAIN INFORMATION

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

I request and authorize Hawkins County Schools to release/obtain information of the student named above to/from:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

This request and authorization applies to:

Exchange of Oral Information

Other: \_\_\_\_\_

Information requested by Hawkins County Schools should be mailed as follows or it can be faxed to the school/teacher listed below.

To: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fax: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date  
Signed: \_\_\_\_\_

THIS AUTHORIZATION EXPIRES ONE YEAR AFTER IT IS SIGNED.