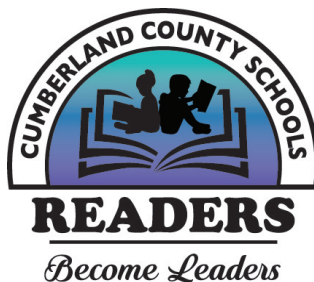


Mrs. Janet C. Graham
Director of Schools



Mr. Josh Stone
Board of Education Chair

*Cumberland County Board of Education
368 Fourth Street
Crossville, TN 38555
Phone: 931-484-6135
Fax: 931-484-6491*

**Cumberland County Schools Board of Education
Authorization for Release of Information
Permission to Share Personal and Health Information
Sick Bank Application**

If you want the **Department of Human Resources of Cumberland County Schools** to share information about you with the **Cumberland County Schools Sick Bank Trustees**, for the purposes of applying for **additional sick day leave**, please make sure that you fill out all of the sections below.

SECTION I:

I, _____, give my permission for Human Resource Department of Cumberland County Schools to share the information about me that I list in Section II with the Cumberland County Schools Sick Bank Trustees.

SECTION II. Health and Personal Information

The following information will be shared by the **Human Resource Department** with the Sick Bank Trustees:

- Five year history of sick days and reason for leave
- Medical Doctors statement of serious health condition
- Medical Doctors statements regarding duration and diagnosis

SECTION III. Permission about Specific Health Information. Only if you choose to share the listed information, please write your initials on the line:

____ I specifically give permission, as required by M.G.L. c. 111, § 70F, to share information that is personal and confidential as described in Section II A with the **Cumberland County Schools Sick Bank Trustees** for purposes described in the sick bank application.

