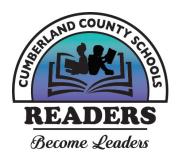
Mrs. Janet C. Graham Director of Schools



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.

SECTION VI – How Long This Permission Lasts

This permission to share my information is valid for one year from the date of your application.

- I understand that I can change my mind and cancel this permission at any time. To do this, I need to write a letter to the Human Resource Department of Cumberland County Schools. If the information has already been given out by, I understand that it is too late for me to change my mind and cancel the permission.
- I understand that I do not have to give permission to share my information with the person(s) or organization listed above.
- I understand that if I choose not to give this permission, the Cumberland County Sick Bank Trustees will decline my application for sick bank leave, as this information is needed to determine if I am eligible for additional benefits.

SECTION V – Signature Please sign and date this form, and print your name.

Your Signature	,Date	,	Print Your Name
Human Resource Repre	, esentative	, .Date	Print Your Name