

**Griffin-Spalding County School System
210 S. Sixth Street
Griffin, Ga. 30224**

NOTICE/AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize: _____

to release confidential records/information for:

Student's Full Name: _____ Birthdate: _____

School: _____ Teacher: _____ Grade: _____

RECORDS/INFORMATION TO BE RELEASED:

_____ Medical Records / Treatment Plan

_____ Psychological Assessments

_____ Other: _____

It is understood that the party to whom this information is released will not release it to a third party without appropriate consent.

Signature of Parent/Guardian/Surrogate Parent: _____ Date: _____

Licia Evans RN BSN, School Nurse Supervisor
and/or
School Health Nursing Program Designee
Griffin-Spalding County School System
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