



RECORDS RELEASE FORM Homebound Students

Date

Agency _____

Attention: _____

Address _____

Fax Number: _____

Zip Code

Student _____

School _____

D.O.B. _____

SS # _____

_____ This child has been referred to CMCSS Student Services Department. A copy of your Psychological/medical records would be most helpful in determining homebound placement. Please send a copy to:

Mary Davila, Director of Student Services
Clarksville Montgomery County School System
621 Gracey Avenue
Clarksville, TN 37040

_____ Enclosed are psychological/educational records which may be beneficial as you work with this student.

_____ I authorize the Clarksville-Montgomery County School System and the above named agency and/or person(s) to fully share and provide each other with information regarding the above named student. All information is confidential and will be for professional use only. This release is good for one year.

Student (Age 16 or older)

Parent or Authorized Guardian

SS # of Sponsor, if Military