

The Assessment Division

Juvenile Court of Davidson County, Tennessee
100 Woodland Street
Nashville, TN 37213

Main: (615) 862-5563 Fax: (615) 862-7142

Email: juvenilecourtassessmentteam@jis.nashville.org

Student: _____ DOB: _____ Telephone #: _____

Address: _____

Authorization for Release of Information

I, _____ (parent/ legal guardian), hereby authorize the release of confidential information pertaining to my minor child, _____, to the Assessment Division of the Juvenile Court of Nashville, Davidson County. This release permits the Assessment Division to obtain copies of all records pertaining to, but not limited to any educational, medical, social, legal, and/or mental health records, including case notes.

The person(s) and/or agencies below are hereby authorized to release information as requested to the Davidson County Juvenile Court.

_____ **Educational Records**
Metro Nashville Public School District _____ Non-Metro School _____ If so, name _____
Psychological Evaluation _____ *Cumulative Record* _____ *Attendance Records* _____ *Disciplinary Records* _____
Other Information _____

_____ **Counseling and Social Services {list agencies}**
Social History _____ *Psychological Evaluation* _____ *Other Information* _____

_____ **Mental Health and Medical Records {list agencies}**
Social History _____ *Psychological Evaluation* _____ *Other Information* _____

_____ **Employer** _____

_____ **Other** _____

I further authorize the Assessment Division to meet with the above-referenced agencies and providers and to discuss my minor child's history, needs, and services, for the purpose of developing a comprehensive plan to assist my child.

My signature denotes this Authorization for Release of Information is given freely, voluntarily and without coercion.

Parent/ Legal Guardian Signature

Date

