



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

Main: (615) 862-8000 Fax: (615) 880-8003  
Email: \_\_\_\_\_

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 SIA Division of the Juvenile Court of Nashville, Davidson County. This release permits the SIA 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 SIA Staff 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