



CLAY COUNTY SCHOOLS

P.O. BOX 120 • 242 CHURCH STREET • CLAY, WEST VIRGINIA 25043
Telephone (304) 587-4266 • Fax (304) 587-4181 • www.claycountyschools.org

Release of Information

Dear _____:

This letter will authorize you to provide a copy, summary, or narrative of my child's
(_____) medical records or confidential information (as indicated by the
check mark(s) below). At this time I am requesting the following:

_____ Complete record

_____ Records of care from _____ to _____ only

_____ Records of care concerning the following condition(s)

_____ Other. Specify: _____

_____ Confer with other person orally about information in my medical record

to the following person(s) or school agency:

Name

Street

City State ZIP

The reasons or purposes for this release of information are:

Signed: _____ Date: _____