

TRENTON INDEPENDENT SCHOOL DISTRICT

Release of Information to:

Phone # (903)989-2244 Fax # (903)989-2415

Patient's Name-Please Print

Date of Birth/Social Security Number

I hereby authorize

_____ to release
information to:

TRENTON ISD (Charla Woodson, Nurse)
PO Box 5
Trenton, Texas 75490

For the purpose of:

I understand that I may revoke this authorization at any time except to the extent that
action has been taken in reliance on it.

This authorization will expire_____.

I further authorize that a photocopy of this authorization is acceptable as an original.

Signature of Legal Representative and Phone Number

Date

Relationship to Student

CONFIDENTIAL INFORMATION (Do not share this with anyone before seeing the intended individual). If you receive this
communication in error, please advise us immediately by phone and send these documents to the attention as addressed above.
Thank You.
Charla Woodson L.V.N.
School Nurse