

Russell County School District  
506 14th Street  
Phenix City, AL 36870



BI- LATERAL RELEASE OF INFORMATION

DATE: \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY,STATE,ZIP \_\_\_\_\_

I/We \_\_\_\_\_ the parents of \_\_\_\_\_ authorize

Russell County School District and East Alabama Mental Health to exchange pertinent information regarding my/our child.

\_\_\_\_\_  
Parent/Guardian Signature

Requested by \_\_\_\_\_

School \_\_\_\_\_

Phone Number \_\_\_\_\_

Insurance \_\_\_\_\_