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**Cumberland County Schools Board of Education
Authorization for Release of Information
Permission to Share Personal and Health Information
Sick Bank Application**

If you want **Cumberland County Schools' Office of Human Resources** to share information about you with the **Cumberland County Schools' Sick Bank Trustees**, for the purposes of applying for **additional sick day leave**, please make sure that you fill out all of the sections below.

SECTION I:

I, _____, give my permission for Cumberland County Schools Office of Human Resources to share the information about me that I list in Section II with the Cumberland County Schools Sick Bank Trustees.

SECTION II: Health and Personal Information

The following information will be shared by the **Human Resources Office** with the Sick Bank Trustees:

- Five year history of sick days and reason for leave
- Medical Doctors statement of serious health condition
- Medical Doctors statements regarding duration and diagnosis

SECTION III: Permission about specific health information. Only if you choose to share the listed information, please write your initials on the line:

_____ I specifically give permission to share information that is personal and confidential with the **Cumberland County Schools Sick Bank Trustees** for purposes described in the sick bank application.

SECTION VI: How Long This Permission Lasts

This permission to share my information is valid for one year from the date of your application.

I understand that I can change my mind and cancel this permission at any time. To do this, I need submit, in writing, to Cumberland County Schools' Office of Human Resources. If the information has already been given out, I understand that it is too late for me to change my mind and cancel the permission.

I understand that I do not have to give permission to share my information with the person(s) or organization listed above.

I understand that if I choose not to give this permission, the Cumberland County Sick Bank Trustees will decline my application for sick bank leave, as this information is needed to determine if I am eligible for additional benefits.

SECTION V: Signature: Please sign and date this form, and print your name.

_____ Your Signature	_____ Date	_____ Print Name
_____ HR Representative	_____ Date	_____ Print Name