



William G. Stepp • Director of Schools

Chris King • Board Chairman

Cumberland County Board of Education
368 Fourth Street
Crossville, TN. 38555
P: 931-484-6135
F: 931-484-6491

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

If you grant permission for the **Department of Human Resources of Cumberland County Schools** to share information about you with the **Cumberland County Schools Sick Bank Trustees**, for the purpose 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 Human Resources Department of Cumberland County Schools 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 Department** with the Sick Bank Trustees:

- Five (5) 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, 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 application.

- I understand that I can change my mind and cancel this permission at any time. To do this, I need to write a letter to the Human Resource Department of Cumberland County Schools. 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, date, and print your name below.

_____ Employee Signature	_____ Date	_____ Printed Name
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_____ HR Representative Signature	_____ Date	_____ Printed Name
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