



OFFICE OF THE SUPERINTENDENT

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Dr. Ken Barron, Superintendent
Dr. Terri Rhea, Assistant Superintendent
Ms. Gloria Jamison, Student Services

Authorization for Release of Medical Information

I am requesting a copy of any medical information regarding _____ be forwarded to:

Gloria Jamison, Student Services Director/Case Manager
Yazoo County School District
94 Panther Drive
Yazoo City, MS 39194
gloria.jamison@yazoo.k12.ms.us

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Child Medicaid # (If Applicable): _____

Child's Social Security Number: _____