

**MACON COUNTY SCHOOL SYSTEM'S AUTHORIZATION  
FOR RELEASE OF CONFIDENTIAL HIV-RELATED INFORMATION**

(This form may be signed by the students over age 18,  
parents/guardians)

Confidential HIV-related information is any information indicating a person has tested positive for HIV or has AIDS. Confidential HIV-related information may only be given to those listed on this form and for the reason(s) listed.

Person whose HIV-related information will be released: \_\_\_\_\_

\_\_\_\_\_

Name, address and relationship of person signing this form if other than  
above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name, address of person(s) to be provided HIV-related information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for release of HIV-related information: \_\_\_\_\_

\_\_\_\_\_

Dates release is authorized:

From \_\_\_\_\_ To \_\_\_\_\_

My questions about this form have been answered. I understand I am not required to release HIV-related information and I may withdraw my permission at a later date.

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(Signature)

(Date)