

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

AUTHORIZATION FOR RELEASE AND/OR REQUEST FOR INFORMATION

| | | or Department) | | | |
|---|--|---|--|---|-------------------------------------|
| | (Name of Ferson, School, | | | | to engage |
| eet Address) | (City) | (State | (Zip) | (Telephone #) | |
| verbal and/or written commu | unication with and release r | ecords to : | | | |
| | | and release records to : | | | |
| eet Address) | (City) | (State) | (Zip) | (Telephone #) | |
| arding the information che te of birth is ohol abuse, economic sta low. I further understand the Treatment Plans Treatment / Discha Health / Medical Re Case / Progress / T | I understand that itus, and educational infor hat this information might arge Summaries ecords Fherapy Notes | information concerning rmation regarding my ch contain information rega Except Substa Social Psycho | osychiatric, psych Id will be releas rding my family, i ional Student Educ nce Abuse Treatm and/or Developme ological and/or Psy | sed and/or communic n addition to my child. cation / Section 504 rec nent Records ntal History rchiatric Evaluations | ated if indicate |
| cademic / School-related R Grades Test Scores Attendance Suspensions / Expu | | Social Medica HIV/AI receive | Il Services DS test results or r | ices Food, Clothing, Shelter elated conditions (to dis specific individuals mus | sclose or |
| or the Purpose of: | | | | | |
| by the recipient without a igned, or on inderstand I may withdraw | an additional written cor , 20, whichever v my consent in writing at | nsent. I understand this is earlier. A copy of the | authorization v s authorization | vill expire one (1) y is valid in lieu of the | ear after the d |
| rint Name of Parent / Guardian /* | an additional written cor , 20, whichever v my consent in writing at | nsent. I understand this is earlier. A copy of thi any time. | authorization v s authorization | vill expire one (1) y is valid in lieu of the | ear after the d original. I furt |
| y the recipient without a igned, or on nderstand I may withdraw rint Name of Parent / Guardian /* elationship to Child | an additional written cor , 20, whichever w my consent in writing at Eligible Student | nsent. I understand this is earlier. A copy of thi any time. Signature of Parent / C | authorization v s authorization | vill expire one (1) y is valid in lieu of the | ear after the d original. I furt |
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| acknowledge that all info by the recipient without a signed, or on understand I may withdraw Print Name of Parent / Guardian / * Relationship to Child Eligible students (age 18 or over) r USE THIS SPACE IF CONS hereby withdraw my previou | an additional written cor , 20, whichever v my consent in writing at Eligible Student may authorize the release of their SENT IS WITHDRAWN) | sent. I understand this is earlier. A copy of this any time. Signature of Parent / C | authorization v s authorization | vill expire one (1) y is valid in lieu of the | ear after the d original. I furt |

The School Board of Broward County, Florida, prohibits any policy or procedure which results in discrimination on the basis of age, color, disability, gender identity, gender expression, genetic information, marital status, national origin, race, religion, sex or sexual orientation. The School Board also provides equal access to the Boy Scouts and other designated youth groups. Individuals who wish to file a discrimination and/or harassment complaint may call the Director, Equal Educational Opportunities/ADA Compliance Department & District's Equity Coordinator/Title IX Coordinator at 754-321-2150 or Teletype Machine (TTY) 754-321-2158. Individuals with disabilities requesting accommodations under the Americans with Disabilities Act Amendments Act of 2008, (ADAAA) may call Equal Educational Opportunities/ADA Compliance Department at 754-321-2150 or Teletype Machine (TTY) 754-321-2158.