

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:					
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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
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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written cor , 20, whichever v my consent in writing at Eligible Student may authorize the release of their SENT IS WITHDRAWN)	sent.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.