## THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

## AUTHORIZATION FOR RELEASE AND/OR REQUEST FOR INFORMATION

I hereby request and	authorize:					
	(Name of Person, Sch	ool, or Department)				to engage
(Street Address)	(City)		(State)	(Zip)	(Telephone #)	
in verbal and/or writ	ten communication with and	release records to	) ·			
in versur and, or write	ten communication with and	release records to	(Naı	me of Person, Job	Title and/or School/A	agency/Entity)
(Stree	et Address)	(City)		(State)	(Zip)	(Telephone #)
recording the inform	notion absolved below sone	amina my ahild*				whose
	nation checked below concerts.  I understand the		ncerning r	osvehiatrie r	 psychological_m	, whose
	ouse, economic status, and					
	licated below. I further under					
in addition to my ch				C		
Transmant Dla	<b>m</b> 0		Cubatanaa	Abusa Tract	mant Daganda	
Treatment Plans Substance Abuse Treatment Records Treatment / Discharge Summaries Social and/or Developmental History						
Health / Medical Records Psychological and/or Psychiatric Evaluations						tions
Case / Progres						
Student Identi		cial Support Services (Food, Clothing, Shelter)				
Academic / School-related Records: Medical Services						
Grades	Grades Threat Assessment Records					
Test Scores	Cest Scores Suicide Assessment Records					
Attendance HIV/AIDS test results or related conditions (to disclo						ons (to disclose or
Suspensions /	Expulsions		receive thi	s information	ı, specific individ	luals must be named
Exceptional S	tudent Education /		above)			
Section 504 R	lecords					
Other						
For the Purpose of:						
be released by the (1) year after the c	all information I authorize recipient without an addi late signed, or on	tional written co	onsent. I u , which	ınderstand ever is earli	this authorizater. A copy of t	ion will expire o his authorization
valid in lieu of the	original. I further underst	and I may withd	raw my co	onsent in wr	iting at any tim	e.
Print Name of Parent / G	uardian / Eligible Student	Signature o	of Parent / Gu	ardian / Eligibl	e Student	Date
Relationship to Child						
1						
*Eligible students (age 1	8 or over) may authorize the release	e of their education re	cords.			
(USE THIS SPACE	IF CONSENT IS WITHDR	AWN)				
`	ny previous consent to the rel	*	on about m	v child.		
		<u> </u>				
Date Consent Is Withdra	wn	Signature of Parent /	Guardian / E	lligible Student		
Form #4201						

Form #4301 REV 10/21 Risk Management