THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

AUTHORIZATION FOR RELEASE AND/OR REQUEST FOR INFORMATION

hereby request and authorize:						
(N	ame of Person, Schoo	ol, or Department)				to engage
treet Address)	(City)		(State)	(Zip)	(Telephon	e #)
verbal and/or written communic	ation with and	ralaasa raaarda ta				
verbar and/or written commune		lelease records to	·(Nar	ne of Person, Job	Title and/or Scho	ool/Agency/Entity)
(Street Address)		(City)		(State)	(Zip)	(Telephone #)
garding the information checke ate of birth is I rug or alcohol abuse, econom ommunicated if indicated below.	understand tha ic status, and	t information co educational info	ormation	regarding m	y child wi	11 be released and
Treatment / Discharge Summaries			Substance Abuse Treatment Records Social and/or Developmental History Psychological and/or Psychiatric Evaluations Restorative Support Services Social Support Services (Food, Clothing, Shelter) Medical Services HIV/AIDS test results or related conditions (to disclose or receive this information, specific individuals must be name above)			
Other or the Purpose of:						
acknowledge that all informati e released by the recipient wit) year after the date signed, o alid in lieu of the original. I fu	on I authorize hout an additi r on	to be released o ional written co , 20	r requeste nsent. I u _, whiche	ed will be he inderstand t ever is earlie	this authori er. A copy o	zation will expire of this authorization
int Name of Parent / Guardian / Eligible	Student	Signature o	f Parent / Gu	ardian / Eligible	e Student	Date
elationship to Child						

(USE THIS SPACE IF CONSENT IS WITHDRAWN) I hereby withdraw my previous consent to the release of information about my child.

Date Consent Is Withdrawn

Signature of Parent / Guardian / Eligible Student

Form #4301 REV 07/18 Risk Management