## THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

## AUTHORIZATION FOR RELEASE AND/OR REQUEST FOR INFORMATION

(	Name of Person, Scho	ool, or Department)				to engage
treet Address)	(City)		(State)	(Zip)	(Telephon	to engage
verbal and/or written communi	action with and	ralassa ragarda ta				
verbai and/or written commun		Telease records to	·(Nan	ne of Person, Job	Title and/or Scho	ool/Agency/Entity)
(Street Address)		(City)		(State)	(Zip)	(Telephone #)
garding the <b>information check</b> ate of birth is rug or alcohol abuse, econon ommunicated if indicated below addition to my child.	I understand that	at information con educational info	rmation 1	regarding m	ny child wi	11 be released an
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 informat e released by the recipient wi ) year after the date signed, o alid in lieu of the original. I fu	ion I authorize thout an addit or on	e to be released o tional 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 authorizatio
int Name of Parent / Guardian / Eligibl	e Student	Signature of	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(USE THIS SPACE IF CONSENT IS WITHDRAWN) I hereby withdraw my previous consent to the release of information about my child.

Date Consent Is Withdrawn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