## THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

## AUTHORIZATION FOR RELEASE AND/OR REQUEST FOR INFORMATION

I hereby request and aut	horize:						
	(Name of Person, Scho	ol, or Department)				to angaga	
(Street Address)	(City)		(State)	(Zip)	(Telephone #	to engage	
in varbal and/or written	communication with and	ralanca racorde to					
iii verbar and/or written	communication with and	release records to	·(Nam	ne of Person, Job	Title and/or School/.	Agency/Entity)	
(Street Ad	dress)	(City)		(State)	(Zip)	(Telephone #)	
regarding the <b>informati</b>	on checked below conce	rning my child*				, whose	
	I understand that						
	e, economic status, and						
in addition to my child.	ted below. I further unde	rstand mat mis in	Tormation	might conta	in information	regarding my family	
in addition to my child.							
Treatment Plans Substance Abuse Treatment Records							
Treatment / Disch Health / Medical 1		Social and/or Developmental History					
Case / Progress / '		<ul><li>Psychological and/or Psychiatric Evaluations</li><li>Restorative Support Services</li></ul>					
Student Identifica		Social Support Services (Food, Clothing, Shelter)					
					lical Services		
Grades		HIV/AIDS test results or related conditions (to disclose or					
Test Scores		receive this information, specific individuals must be named					
Attendance above)					ruais must be named		
Suspensions / Exp	nulcione		above				
= =	ent Education / Section 504	records					
•							
For the Purpose of:							
be released by the rec (1) year after the date	information I authorize ipient without an addit signed, or onginal. I further understa	ional written co , 20	nsent. I u _, whiche	nderstand ver is earli	this authoriza er. A copy of	tion will expire on this authorization i	
Print Name of Parent / Guard	ian / Eligible Student	Signature of	f Parent / Gua	ardian / Eligible	e Student	Date	
Relationship to Child							
*Eligible students (age 18 or	over) may authorize the release	of their education red	cords.				
(USE THIS SPACE IF O	CONSENT IS WITHDRA	(WN)					
	revious consent to the rele		n about m	v child.			
				· · · · · · · · · · · · · · · · · · ·			
Date Consent Is Withdrawn		Signature of Parent /	Guardian / El	igible Student			

Form #4301 REV 07/18 Risk Management