



DISTRICT SCHOOL BOARD OF PASCO COUNTY

7227 Land O' Lakes Boulevard

Land O' Lakes, Florida 34638

**AUTHORIZATION FOR RELEASE OF RECORDS
AND/OR INFORMATION FROM RECORDS**

MIS Form #791
Rev. 7/15

Please print or type:

RECORDS TO BE RELEASED TO _____

Contact Person

School/Agency _____ Phone _____

Address _____

RECORDS TO BE RELEASED FROM _____

Name of School/Agency/Person

Address _____

I, _____, do hereby authorize the release of the following

information on _____

Student Name

Date of Birth

Student #

from the above named school/agency/person:

_____ Entire Cumulative Record Folder (Applicable
for student transfer to another school or system)

_____ Exceptional Student Education Records

_____ Grades at Time of Withdrawal

_____ Grading System

_____ Graduation Requirements

_____ Home Language Survey

_____ Record of Achievements, Special Awards/Activities

_____ Other Confidential Records (specify): _____

_____ Medical/Health Records (including
speech, language, hearing, vision reports
and immunization records)

_____ Official School Transcript

_____ Psychiatric Evaluation

_____ Psychological/Social Work Reports

_____ Standardized Test Scores

_____ Treatment/Services Plan

AUTHORIZATION FOR EXCHANGE OF INFORMATION/RELEASE OF CLIENT RECORDS

These records will be for the professional use of authorized District School Board of Pasco County personnel only. Records will be used for educational planning, placement, and/or evaluations. Parent permission is not required when records are requested from authorized personnel or from officials of schools/school systems in which the student seeks to enroll (Family Educational Rights and Privacy Act of 1974, FERPA). Records information shall not be released except on the condition that they will not subsequently be transferred to a THIRD PARTY without first obtaining the proper consent of the parent or eligible student.

Conditions of this exchange of information shall be in compliance with federal regulations, the Family Educational Rights and Privacy Act of 1974 (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and all other applicable federal laws, state statutes, State Board of Education Rules, and local School Board policy.

This authorization shall be terminated one year from the date of signature unless otherwise specified. This consent may be revoked by the client/representative at any time. Revocation has no effect on action previously taken.

Signature of Parent/Guardian or Eligible Student

Date