

## DISTRICT SCHOOL BOARD OF PASCO COUNTY

MIS Form #791 Rev. 2/24

7227 Land O' Lakes Boulevard Land O' Lakes, Florida 34638

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

## Please print or type:

Contact Person		
Phone		
ame of School/Agency/Person		
lo hereby authorize the re	lease of the followin	
Date of Birth	Student #	
speech, language, and immunization Official School T ——Psychiatric Eval ——Psychological/S ——Standardized Te	Medical/Health Records (including speech, language, hearing, vision reports and immunization records)Official School TranscriptPsychiatric EvaluationPsychological/Social Work ReportsStandardized Test ScoresTreatment/Services Plan	
	PhonePhone	

## **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.