



Pasco County Schools

Kurt S. Browning, Superintendent of Schools
7227 Land O' Lakes Boulevard • Land O' Lakes, Florida 34638

FERPA RELEASE OF STUDENT INFORMATION/RECORDS

I, _____, (Parent/Guardian, or eligible student if the age of majority), HEREBY REQUEST and PERMIT the Pasco County School Board, its employees, agents, and assigns (hereinafter SCHOOL BOARD) to release and provide copies of student records, and to disclose and discuss the content of such records regarding _____, (Name of student), which are in possession of the SCHOOL BOARD, to the following party:

(Name and address of person/party to whom records/info are to be sent/shared)

I understand that I can limit the SCHOOL BOARD'S production of records to certain specified records. If the "any and all student records" option is chosen, then the records provided may include materials that are not necessarily student records, or that may otherwise be confidential, including but not limited to criminal records, whether student was an offender or victim of any type of crime.

- _____ Send a complete copy of any and all student records and other documents in its possession.
- _____ Only send the specified records and documents listed below.

I understand that all such records may be confidential under Federal Law and Florida Law, including, but not limited to §1002.22, Florida Statutes and 20 U.S.C.A. § 1232g, and I waive all rights of confidentiality as to this request, thereby allowing SCHOOL BOARD to provide copies of the above records, and to discuss or disclose the contents therein, to the above-referenced person/party. This release is effective for one (1) year from the date of execution, or upon written revocation by the parent/guardian, whichever occurs first.

The reason for this release of records is: _____

(20 U.S.C.A. 1232g(b)(2)(A) requires the requestor to specify the reason for the request for release)

In the event that the student records are to be delivered to a third party, I acknowledge and I have confirmed that such third party will not permit any other party to have access to such information without my further written consent.

I agree to release, hold harmless, and indemnify the SCHOOL BOARD for any and all damages or claims arising out of the SCHOOL BOARD'S compliance with my request as set forth in this release.

_____ I wish to receive a copy of the records provided to the above-referenced person/party. I understand that I must pay a reasonable reproduction cost prior to delivery of the records.¹

_____ I do not wish to receive a copy of the records provided to the above-referenced person/party.

Parent/Guardian or eligible student Date

Witness Date

¹ Records can be reviewed and inspected at the school or district offices free of charge.