

THE SCHOOL DISTRICT OF PALM BEACH COUNTY DIVISION OF INFORMATION TECHNOLOGY/RECORDS MANAGEMENT

Release or Transfer of Student Information

This form is used to facilitate communication of student information to authorized individuals.

Student ID # (Opt)	Student First Name	Middle		Last	Last		Birth Date	
Parent/Legal Guardian Name			School Name (Private School)					
	Request for: X relea	se of student records	⊠ discus	sion of stud	dent/student records			
Agency/Individual/A The School Distric	Advocacy t of Palm Beach County							
Contact Name John Dassie			Phone # 434-8287	Ext.	E-mail john.dassie@palmbeachschools.org			
Mailing Address 3378 Forest Hill Blvd., A-203			City West Palm Beach			State FL	Zip Code 33406	
Send Records To (i	if address is different from abo	ve)						
Contact Name			Phone #	Ext.	E-mail	nail		
Mailing Address			City				Zip Code	
List the specific info	ormation requested (medical, p	osychological, psychia	tric, educational	records or	student information)		•	
4. Release of screen	ardized educational testing conning results (hearing, vision, a	cademic) conducted b	y the private so	information				
	ee that this information will not							
Signature of person	Date							
release receive the fo	School District of Palm Beach ollowing medical, psychologica ent records or other student re	al, psychiatric, and/or elated information						
This release is active	e from: date	to date	unl	ess otherw	ise specified by the pa	irties.		
Signature of Parent/Legal Guardian								
Signature of Studer	nt if 18 Years of Age or Older	og is to be completed	l by the nercen		Date			
	i ne tollowin	ng is to be completed	by the person	reieasing	recurus			
Print name of person releasing records			Phone No./PX					