



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

Student Records Request to Release or Transfer Information

This form is used to facilitate the release or transfer of student information to authorized individuals. Individuals requesting information from or releasing information to must complete all applicable sections below.

Student ID # <i>(optional)</i>	Student First Name	M.I.	Last Name	Birth Date
Student Former Name <i>(if applicable)</i>			Parent/Guardian Name <i>(if applicable)</i>	
Student Address		City		State Zip Code
Last School Attended <i>(including preschool)</i>			City	
Grade Level This Year			Last Date Attended	

Request for: Release of Student Records Request To View Student Records

Agency/Individual/Advocate				
Contact Name	Phone #	Ext.	Email Address	
Mailing Address	City		State	Zip Code

Send Records To <i>(if address is different from above)</i>				
Contact Name	Phone #	Ext.	Email Address	
Mailing Address	City		State	Zip Code

Provide all education records or select the specific information being requested in reference to the above named student.

<input type="checkbox"/> Exceptional Student Education/Section 504/Gifted	<input type="checkbox"/> Transcript	<input type="checkbox"/> Monitoring/Safety Plan	<input type="checkbox"/> Attendance
<input type="checkbox"/> English Language Learner/ESOL	<input type="checkbox"/> Testing	<input type="checkbox"/> Health Records	<input type="checkbox"/> All
Other: _____			

I understand that the purpose of this release is to facilitate the communication of student information to authorized individuals. The Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, protects the privacy of education records, and student related information. I understand and agree that this information will not be disclosed to any third party without the express consent of the parent or adult student.

I authorize: The School District of Palm Beach County to Other to

- release the student records for the above named student
- receive the above selected educational records for the above named student
- discuss student records or other student related information

This release is effective from the date signed below and shall remain active for a period of 30 days.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Printed Name of Student

Signature of Student if 18 Years of Age or Older

Date