



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	Birth Date
Parent/Legal Guardian Name			School Name	

Request for: release of student records discussion of student/student records

Agency/Individual/Advocacy				
Contact Name	Phone #	Ext.	E-mail	
Mailing Address	City			State Zip Code

Send Records To (if address is different from above)				
Contact Name	Phone #	Ext.	E-mail	
Mailing Address	City			State Zip Code

List the specific information requested (medical, psychological, psychiatric, educational records or student information)

I understand the 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.

Signature of person receiving records _____ Date _____

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

release

receive the following medical, psychological, psychiatric, and/or educational records of the above named student

discuss student records or other student related information

This release is active from: date _____ to date _____ unless otherwise specified by the parties.

Signature of Parent/Legal Guardian *Date*

Signature of Student if 18 Years of Age or Older *Date*

The following is to be completed by the person releasing records

Print name of person releasing records *Phone No./PX*