



Parent Release or Transfer of Student Information From Previous Educational Institution

This form is to be filled out by the parent/guardian/emancipated student to facilitate the release or transfer of student information from a previous educational institution to the School District of Palm Beach County. The parent/guardian/emancipated student must complete all applicable sections below.

Student ID # (Opt)	Student First Name	Middle	Last	Birth Date
Parent/Guardian/Emancipated Student Name		Address		
Did student attend public school in Palm Beach County before? <input type="checkbox"/> Yes <input type="checkbox"/> No				
For Students Entering Kindergarten Only - Preschool Enrollment Information (<i>check all program(s) attended</i>)				
<input type="checkbox"/> School District VPK	<input type="checkbox"/> School District ESE Pre-K	<input type="checkbox"/> Private Child Care Center	<input type="checkbox"/> Head Start	
<input type="checkbox"/> Did not attend preschool	<input type="checkbox"/> Other: _____			
Last School Attended (<i>including preschool</i>)	City	County	State	Country
School Phone #	Grade Level Last Year	Grade Level This Year	Last Date Attended	Type (<i>check one only</i>) <input type="checkbox"/> Public / Charter <input type="checkbox"/> Private <input type="checkbox"/> Home Education

For the above named student, provide all educational records, including, but not limited to: transcripts, grades, attendance, test scores, IEP/504/ELL, health/immunization, discipline, threat assessments and mental health assessments.

I understand 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.

Printed Name of Parent/Guardian/Emancipated Student Signature of Parent/Guardian/Emancipated Student Date

FOR SCHOOL USE ONLY

Printed Name of Person Receiving Records Signature of Person Receiving Records Date