

PINELLAS COUNTY SCHOOLS  
**AUTHORIZATION FOR STUDENT CONTACT/RELEASE OF INFORMATION**

Date \_\_\_\_\_

The undersigned hereby authorize(s) the School Board of Pinellas County, Florida, or its below-identified employee(s) or agent(s) to allow access to student on campus and/or to send or receive the below-listed information to or from the following named agency(ies) or other entity(ies):

Pinellas County Schools, Florida

Attention: \_\_\_\_\_

\_\_\_\_\_  
Name of Agency and/or other Entity

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number

Information Needed By:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

- Medical/Neurological
- Educational Records
- Biopsychosocial History
- Other: \_\_\_\_\_

- Intellectual/Psychological/Psychiatric
- Service Summary
- Exceptional Student Program Records
- Agency to see student on campus

If for any reason you are unable to forward the records we have requested, please contact us. Thank you.

STUDENT: Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

All information received by the School Board shall be used for legitimate educational purposes and confidentiality of all student records shall be maintained in accordance with applicable federal and state law. Further, the undersigned authorizes the School Board to release the above-stated educational records only for the following purposes:

- Provision of counseling/social services to student/family
- Sharing of information
- Other:

This release remains valid during student's educational career in district. I understand that I may revoke this release at any time by notifying in writing of my desire to limit or revoke this release. In addition, the Agency listed above may wish to have access to the student at school for case management, counseling, school visits, or other reasons. Please mark one of the following boxes regarding your desire.

- I hereby grant permission for the Agency listed above to have access to my student at school.
- I do not want the Agency listed above to have access to my student at school.

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Student Signature if applicable Date

*The child MUST sign if he/she is 18 years of age or older.*