



Student ID _____

AUTHORIZATION FOR RELEASE, INSPECTION, OR RECEIPT OF RECORDS

Hillsborough County Public Schools is hereby authorized to:

- Release or Copy Records
- Receive Records
- Permit the inspection of listed records/information

Regarding: _____
Name of Student
Date of Birth
Parent /Guardian

To/From/By: _____
Funding Agency Name / Program Agency Name
Funding Agency Address / Phone

PLEASE CHECK THE APPLICABLE RECORDS THAT ARE TO BE RELEASED/COPIED/INSPECTED:

- Psychological Evaluations/Reports
- Diagnostic Screenings/Reports/Records
- Social/Developmental History Reports
- Attendance Records
- Other: _____
- Health/Medical/Birth Reports/Records
- Educational/Academic Reports/Records
- Standardized Test Data
- Psychiatric Reports

PLEASE SEND/RELEASE INFORMATION TO:

Name of Program Agency/Contact Person
Program Agency Address

Program Agency Phone
City
State
ZIP

THIS RELEASE SHALL BE EFFECTIVE 365 DAYS FROM THE DATE OF SIGNING

IMPORTANT – PLEASE NOTE

The person or agency receiving these records must not transfer the information obtained to any other person or agency without obtaining the written consent of the parent or legal guardian, or the student if eighteen years of age or older, or as otherwise allowed or provided by law.

Pursuant to Public Law 93-380, you, the parent / guardian, are hereby notified that you have the right to inspect educational records, to have a copy of said records if you wish to pay the cost of duplication, and to challenge the content of said records on the grounds that they may be inaccurate, misleading or inappropriate.

PLEASE CHECK ONE OF THE FOLLOWING:

- I certify that I am age eighteen or older and I am the person who is the subject matter of the records listed above.
- I certify that I am the parent or legal guardian of the person who is the subject matter of the records listed above, and that said person is under the age of eighteen. I understand that the information and/or reports that are shared with the school may become part of the student's record. Furthermore, school records are subjected to the regulations imposed by the Family Education Rights and Privacy Act of 1974 (PL 94-142) (Statute: 20 U.S.C. § 1232(g) Regulations: 34 CFR Part 99). Those records used to make educational decisions about students are subject to review by the parents/guardians and students 18 years of age or older.

(Signature of Parent/Guardian or Student 18 years of age or older)

(Date Signed)

FOR OFFICE USE ONLY

Sent By _____ Date _____
(Site)

Phone _____ Initial _____