



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 Gardens School of Technology Arts				
Contact Name Mary Plummer / Jeanne Benz	Phone # 5612907661	Ext.	E-mail mary.plummer@mysota.net	
Mailing Address 9153 Roan Lane	City Palm Beach Gardens		State FL	Zip Code 33403

Send Records To (if address is different from above) Same				
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)

As applicable: grade reports, interventions (RTI, etc.), standardized test scores, IEP, 504, behavior and discipline records, health/medical, psychological/psychiatric, court orders, and any other pertinent 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 SY 2018-19

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