Hillsborough County PUBLIC SCHOOLS

Excellence in Education

AUTHORIZATION FOR RELEASE, INSPECTION, OR RECEIPT OF RECORDS

Hillsborough County Schools is hereby authorized to:											
	I	□ Release or Copy Records □ Receive Records				Permit the inspection of listed records/information					
Regarding:						Date of Birth	Parent /Guardian				
To/From/By: (circle one) Medical Provider or Agency Name						Addres	S				
PLEASE CHECK THE APPLICABLE RECORDS THAT ARE TO BE RELEASED/COPIED/INSPECTED:											
			Psychological Evaluations/Rep Diagnostic Screenings/Reports Social/Developmental History I Attendance Records Other:	/Records Reports		Educational/Acad Standardized Tes					
PL	PLEASE SEND/RELEASE INFORMATION TO:										
	Name of Individual or Agency										
1	Phone	Т	HIS RELEASE HAN	CV Prefrective <u>36</u> I)	FLOMTHE	State ZIP				
	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 the parent or legal guardian, or the student if eighteen years of age or older.										
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 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, inappropriate.								t r			
	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 age of eighteen. I understand that the information and/or reports that are shared with the school may become par Furthermore, school records are subjected to the regulations imposed by the Family Education Rights and Privacy (Statute: 20 U.S.C. § 1232(g) Regulations: 34 CFR Part 99). Those records used to make educational decisions abore review by the parents/guardians and students 18 years of age or older.							may become part of the student's reco ghts and Privacy Act of 1974 (PL 94-14	rd. 2)			

(Signature of Parent/Guardia	an or Student 18 years of	f age or older)	(Date Signed)			
		FOR OFFICE USE ONLY				
	Sent By	Date Date				
725 Rev. 10/2005 bution: Cum Folder	Phone	Initia	al			

SB 90725 Rev. 10/2005 Distribution: Cum Fold