

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: Dunedin Highland Middle School

70 Patricia Ave

Address

Dunedin, FL 34698

City State Zip

727-469-4112

Telephone Number

PACE Center for Girls

Name of Agency and/or other Entity

4000 Gateway Centre Blvd., suite 400.

Address

Pinellas Park FL 33781

City State Zip

813-440-9647

Telephone Number

Information Needed By:

_____/_____/_____

Medical/Neurological

Intellectual/Psychological/Psychiatric

Educational Records

Service Summary

Biopsychosocial
History

Exceptional Student Program Records

Other: _____

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.

White – Agency

Yellow – Parent

Pink – School/Student Services

Gold – Central Files