



**AUTHORIZATION FOR THE RELEASE OF EDUCATIONAL, MEDICAL,  
PSYCHOLOGICAL OR OTHER TREATMENT RECORDS AND INFORMATION**  
[MUST BE WITNESSED BY A SCHOOL BOARD EMPLOYEE OR NOTARIZED]

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_, whose social security number is XXX-XX-\_\_\_\_\_ and whose date of birth is \_\_\_\_\_ (the "Child"), HEREBY AUTHORIZE the following custodians of the Child's records, to furnish and release as indicated below, any and all student or patient records pertaining to the Child, maintained in their respective custody and control, including, but not limited to any and all student records, medical evaluations, psychological evaluations and any other pertinent records that may be deemed necessary by the receiving party for the purpose of  Review  Evaluation  Diagnosis  Development of Education Plan  Other. **Such authorization shall also provide for the oral exchange of information between the designated parties regarding the Child, if the requesting party is a health care professional.**

(CHECK ALL THAT APPLY)

**The School Board of Manatee County, Florida ("SBMC") is authorized to release:**

**TO:**

\_\_\_\_\_  
(NAME OF RECIPIENT)

\_\_\_\_\_  
(ADDRESS)

**AND/OR**

\_\_\_\_\_ is authorized to release:

**TO: The School Board of Manatee County\***

\_\_\_\_\_  
(NAME OF SCHOOL)

\_\_\_\_\_  
(SCHOOL CONTACT)

\_\_\_\_\_  
(SCHOOL ADDRESS)

The foregoing authorization shall expire after 2 years from the date of this authorization or until revoked by me in writing to the custodian of such records. **The records may be released upon receipt of a copy or fax of this authorization.**

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**WITNESS:**

(Witness must be a SBMC employee)

**PARENT or GUARDIAN**

Name: \_\_\_\_\_  
School or Dept/Title: \_\_\_\_\_

Name: \_\_\_\_\_

**Identification Verified (Include No.):**

\_\_\_\_\_  
(State issued Driver's License, State issued photo I.D. or Passport)

**OR**

COUNTY OF \_\_\_\_\_  
STATE OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_, who is personally known to me OR has provided \_\_\_\_\_ as identification.

(SEAL)

\_\_\_\_\_  
NOTARY PUBLIC  
STATE OF \_\_\_\_\_ AT LARGE  
COMMISSION EXPIRES: \_\_\_\_\_

\* Records received by SBMC shall become part of the Child's educational records and subject to release upon legitimate request.