

AUTHORIZATION TO RELEASE RECORDS BY PARENT
(MUST BE WITNESSED BY A MANATEE COUNTY SCHOOL DISTRICT EMPLOYEE OR NOTARIZED)



RECORDS CUSTODIAN

I, _____, the parent or guardian of _____, whose date of birth is _____ (the "Student"), HEREBY AUTHORIZE THE SCHOOL BOARD OF MANATEE COUNTY, FLORIDA (the "School Board") to furnish and release to _____ (the "Requestor"), personally, or at the following address: _____ or via email to _____, any and all student records pertaining to the Student, maintained in the custody and control of the School Board of Manatee County, Florida, to include, but not limited to any and all medical, psychological evaluations and any other records contained in the Student's Exceptional Student Education records, if any, for the purpose of XX Review XX Evaluation XX Diagnosis XX Development of Education Plan XX Other, as requested by the Requestor. Records provided to the Requestor will be provided at a cost of \$.15 per page, plus mailing costs, if applicable. The School Board shall have up to thirty (30) days from the receipt of such request to produce the records pursuant to rule 6A-1.0955(6)(b), Florida Administrative Code. **Information about the student can also be released orally to the Requestor in person or from telephone calls originating from or initiated to the following telephone number (_____)_____.**

The foregoing authorization shall continue in full force and effect until revoked by me in writing. **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 School District employee)

PARENT or GUARDIAN:

Name: _____

Title: _____

Print Name: _____

Identification Verified (Include No.):

FL DL: _____

(State issued Driver's License; State issued photo I.D. or Passport)

OR

COUNTY OF _____)

STATE 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)

Name: _____

NOTARY PUBLIC

STATE OF _____ AT LARGE

Commission Expires: _____

Distribution: Student CUM Folder/School Site