



**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, _____, an eligible student (the "Student") pursuant to section 1002.22(2), Florida Statutes (2015), whose date of birth is _____, HEREBY AUTHORIZE the following custodians of student records, to furnish and release as indicated below, any and all student or patient records pertaining to the Student, 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 Student, 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)

ELIGIBLE STUDENT

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 Student's educational records and subject to release upon legitimate request.