



STATEMENT OF IDENTITY FOR GUARDIAN AD LITEM

(TO BE USED WHEN RECORDS ARE REQUESTED VIA TELEPHONE, EMAIL OR MAIL)

I, _____ (“SIGNATORY”), hereby state as follows:

1. SIGNATORY is _____.

2. SIGNATORY is the **Guardian Ad Litem** for:

STUDENT #1:

NAME: _____

DOB: _____

SCHOOL CURRENTLY ATTENDING: _____

STUDENT #2:

NAME: _____

DOB: _____

SCHOOL CURRENTLY ATTENDING: _____

STUDENT #3:

NAME: _____

DOB: _____

SCHOOL CURRENTLY ATTENDING: _____

3. SIGNATORY’s contact information is :

Guardian Ad Litem Program
1201 6th Ave. W, Suite 510
Bradenton, Florida 34205
(941)744-9473

Guardian Ad Litem Program
2071 Ringling Blvd., Suite 625
Sarasota, Florida 34237
(941)861-4875

4. A copy of the Order Appointing Guardian Ad Litem and Oath and Notice of Acceptance by SIGNATORY attached hereto is a true and correct copy of such documents.

5. SIGNATORY hereby requests that any information contained in the educational records of the Student(s) be sent to XX him XX her as the Guardian Ad Litem for the Student(s), via the following methods: (a) regular mail to the address identified in paragraph 3 of this affidavit; (b) email to _____; or (c) via telephone to calls originating from ()_____.

UNDER SECTION 92.525(2), FLORIDA STATUTES (2021), A PERSON WHO KNOWINGLY MAKES A FALSE DECLARATION IS GUILTY OF THE CRIME OF PERJURY BY FALSE WRITTEN DECLARATION, A FELONY OF THE THIRD DEGREE.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING STATEMENT OF IDENTITY FOR GUARDIAN AD LITEM AND THAT THE FACTS STATED IN IT ARE TRUE.

WITNESS:

[MUST BE A DISTRICT EMPLOYEE OR GAL PROGRAM REPRESENTATIVE]

Print Name: _____

SIGNATORY:

Print Name: _____

- Program Representative**
- GAL--Volunteer**