

CITRUS COUNTY SCHOOLS
STUDENT RECORDS RELEASE FORM

School Name: _____
School Address: _____
School Phone No.: _____
School Fax No.: _____

Fax Transmittal
ATTENTION: GUIDANCE / RECORDS DEPARTMENT

To: _____

Fax No.: _____

From: _____

Date: _____

This fax transmission may contain material which is confidential under Florida Statutes and is intended to be delivered only to the named addressee. Unauthorized dissemination of this information may be a violation of criminal statutes. If this information is received by anyone other than the named addressee, the recipient should immediately notify us at the address or telephone number shown above and obtain instructions as to the disposal of this transmission. Under no circumstances should this material be read, retained or copied by anyone other than the named addressee. Thank you.

Permission for Release of Student Records

Name of school previously attended: _____

Address of School: _____
Street/P.O. Box _____ City _____ State _____ Zip _____

I hereby give my permission to release the following information the educational records of:

Student Name: _____

Student Address: _____
Street/P.O. Box _____ City _____ State _____ Zip _____

Grade: _____ Date of Birth: _____

Please release the following:

- | | |
|---|--|
| <input type="checkbox"/> Cumulative Student Records Folder | <input type="checkbox"/> Exceptional Student Education Records |
| <input type="checkbox"/> Achievement Test Scores | <input type="checkbox"/> Most Recent IEP |
| <input type="checkbox"/> Transfer Grades for Current Courses | <input type="checkbox"/> Staffing, eligibility documentation (all) |
| <input type="checkbox"/> Official Transcript | <input type="checkbox"/> Most recent evaluation information |
| <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Most recent psychological evaluation |
| <input type="checkbox"/> Proof of Physical | <input type="checkbox"/> Documentation of parent permission
for evaluation, placement |
| <input type="checkbox"/> School Profile (including grading scale) | <input type="checkbox"/> ESOL / ESL documentation |
| | <input type="checkbox"/> 504 documentation |

I authorize the release of the above information to the institution named. I understand that I have a right to review all records being forwarded prior to their release. I have also been informed that I have a right to a hearing to contest any information contained in these records prior to their release.

Date Signature of Parent / Guardian / Adult Student

(FOR SCHOOL USE ONLY)	
First Request Sent/Faxed _____	Second Request Sent/Faxed _____