

Alachua County Public Schools
Student Services
Release of Information

<i>Name of Previous School</i>	<i>Student Name</i>
<i>Address</i>	<i>Date of Birth</i>
<i>City, State, Zip Code</i>	<i>Name of Present School</i>

The parents of the above-named student have given permission for receiving information from you regarding school transcripts, health records (including all immunization records), and diagnostic (psychological or medical) and educational evaluations for their child. A summary of your contacts with the student and family would also be helpful. These records will be used to determine the student's appropriate educational program. Please include grade-credit explanation for high school courses.

Parent Consent for Release of Information

I hereby give my permission for release of the following records:

- 1. Psychological Evaluation _____
- 2. Educational Evaluation _____
- 3. Medical Evaluation/Health Records _____
- 4. Grades/Educational Tests _____
- 5. Current Withdrawal Grades _____
- 6. Other _____

<i>Parent/Guardian Signature</i>	<i>Date</i>
<i>Student Signature (if age 18 or older)</i>	<i>Date</i>

Please send this information to the person checked below:

- ESE Staff/Placement Supervisor
- Student Records Officer

**Alachua County Public School
620 East University Avenue
Gainesville, FL 32601**

<i>Receiving School</i>
<i>Address</i>
<i>City, State, Zip Code</i>