

## Exceptional Student Education Interagency Release of Information/Records

Student's Legal Name:	_ Stud	lent #:	DOB:
Address:	_ City	/:	Zip:
Home Phone:		Other:	
School's Name:			
I HEREBY AUTHORIZE the following Agencies/P computerized communication for my child. All perticular County Public Schools to the indicated agencies. It and will be used in my child's best interest in order to that I have the privilege of revoking this release at a Board. However, this will not affect information reagencies:	inent rec am awar o provid anytime,	cords and information can re that this information wil le the best educational plan providing I submit written	be released by Alachua I be strictly confidential uning. I further understand n notice to the School
Please check the appropriate agencies:			
☐ Adult Developmental Services		Santa Fe College Work F	Exploration
<ul> <li>Association for Retarded Citizens</li> </ul>		SEDNET	
☐ Division of Blind Services		Social Security Administration	
☐ Center for Autism and Related Disabilities		University of Florida Office of Admissions	
☐ Center for Independent Living		U.S. Army Recruiting	
☐ Children Medical Services		Vocational Rehabilitation	
☐ Corner Drug Store		Meridian Behavioral Health Care	
☐ Santa Fe College Disability Resource Center		Other:	
Please share/release the following records:			
Psychological Evaluation		Staffing Reports	
☐ Social/Developmental History		Support Plan	
Educational Evaluation		IEPs	
☐ Speech, Language and Hearing Reports		Records	
Grades/Educational Tests		Health/Medical Records	
OT/PT Reports		Other:	
Received by:			
Signature of School Board Representative			Date
Signature of Parent/Guardian		<u> </u>	Date

Form No.: ESE-920-015 – Interagency Release of Information-/ Records / ESE-General Revised Date: 8/30/22