



AUTHORIZATION FOR RELEASE OF RECORDS AND/OR INFORMATION FROM RECORDS



RECORDS TO BE RELEASED TO: Megan Hersh - Data Entry Operator

School/Agency: Classical Preparatory School

Phone: (813) 803-7903

Address 16500 Lyceum Way, Spring Hill, FL, 34610

RECORDS TO BE RELEASED FROM _____ Fax: _____

(Name of Prior School/Agency)

Address _____

I, _____, do hereby authorize the release of the following information on

Student Name

Date of Birth

Student #

From the above named school/agency/person:

☒ Entire Cumulative Record Folder

(Applicable for student transfer to
another school or system)

☐ Home Language Survey

☐ Record of Achievements,
Special Awards/Activities

☐ Psychological/Social Work
Reports

☒ Standardized Test Scores

☒ Exceptional Student Education
Records

☐ Medical/Health Records
(including speech, language,
hearing/vision reports)

☐ Treatment/Services Plan

☒ Grades at Time of Withdrawal

☐ Grading System

☐ Official School Transcript

☐ Graduation Requirements

☐ Psychiatric Evaluation

☐ Other confidential records (please specify): _____

AUTHORIZATION FOR EXCHANGE OF INFORMATION/RELEASE FOR CLIENT RECORDS

These records will be for the professional use of authorized District School Board of Pasco County personnel only. Records will be used for educational planning, placement, and/or evaluations. Parent permission is not required when records are requested from authorized personnel or from officials of schools/school systems in which the student seeks to enroll (Family Educational Rights and Privacy Act of 1974, FERPA). Records information shall not be released except on the condition that they will not subsequently be transferred to a THIRD PARTY without first obtaining the proper consent of the parent or eligible student.

Conditions of this exchange of information shall be in compliance with federal regulations, the Family Educational Rights and Privacy Act of 1974 (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and all other applicable federal laws, state statutes, State Board of Education Rules, and local School Board policy.

This authorization shall be terminated one year from the date of signature unless otherwise specified. This consent may be revoked by the client/representative at any time. Revocation has no effect on action previously taken.

Signature of Parent/Guardian or Eligible Student

Date