

Wakulla County Schools
**PARENTAL PERMISSION FOR RELEASE OF INFORMATION
 OR REQUEST FOR REVIEW OF STUDENT INFORMATION**

Date: _____

I, _____
 (Parent/Guardian/18 year old Student)

Hereby authorize: *(include name of person to contact)* _____

To release the following records regarding my child/children

_____ Birth Date _____ School _____
 Student's Legal Name

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 Student's Legal Name

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 Student's Legal Name

Which includes:

<input type="checkbox"/>	Psychological data	<input type="checkbox"/>	Cumulative data
<input type="checkbox"/>	Personality test(s)	<input type="checkbox"/>	Withdrawal grades
<input type="checkbox"/>	Adaptive behavior scales	<input type="checkbox"/>	Dates of attendance
<input type="checkbox"/>	Social/Medical History	<input type="checkbox"/>	Graduation requirements
<input type="checkbox"/>	Present levels of subject area performance	<input type="checkbox"/>	Grade level
<input type="checkbox"/>	ESE records including IEP	<input type="checkbox"/>	Health/Immunization records/TB records _____ <i>(Initial to release)</i>

To: _____
 (Name)

 (Address)

 (Fax Number)

**THESE RECORDS MAY NOT BE RELEASED TO
 ANOTHER PARTY AND/OR AGENCY WITHOUT
 PRIOR APPROVAL OF THE PARENT/GUARDIAN
 AND/OR ELIGIBLE STUDENT.**

NOTE: The federal law (Buckley Amendment) does not require prior written consent of the student or parent/guardian when releasing information to officials of schools in which the student intends to enroll or other school officials within the facility who have legitimate educational interests in the information.

_____ Date _____ Relationship _____
 Authorized Signature

_____ Home Telephone _____
 Address

_____ City _____ State _____ Zip _____
 If no number, please give a number where you can be contacted