SCHOOL BOARD OF BREVARD COUNTY, FLORIDA

AUTHORIZATION FOR RELEASE AND EXCHANGE OF INFORMATION

I, _____, authorize the release of information between and
Parent/Guardian/Student Name (Print)

among the identified school and agency members which will be planning services for:

_____	_____
Student Name	Student Number
_____	_____
Date of Birth	Referring School

The purpose of the Authorization Form is to enable persons and/or agencies to better serve your child through coordinated service planning and delivery. Representatives of these agencies will meet and share information regarding your child at scheduled planning and review meetings.

The members of the team for your child shall include the following agencies:

_____ * School Board of Brevard County, FL	_____ * _____
_____ * _____	_____ * _____
_____ * _____	_____ * _____

The information which may be disclosed/exchanged is: medical information, educational information, psychological information, social information, and others, which may include:

_____

This release authorizes an exchange of information between listed members in order to give the most complete and thorough services available. It does not authorize release to any other person or agency except those agencies listed above. This form will remain in effect until the student reaches the age of majority at which time the student is responsible for providing consent.

To the party receiving this information: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulation (34 CFR Part 99) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. You have specific rights concerning this proposal.. **"Procedural Safeguards Available to Parents of Exceptional Students" are attached to this form.**

_____
Parent/Guardian Signature Date

_____
Witness Date

_____
Relationship to Child

_____
Adult Student (18 and over) Date

White: Audit **Green:** Parent/Student **Yellow:** ESE **Pink/Goldenrod:** Agencies