

**BREVARD PUBLIC SCHOOLS, 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	School

The purpose of the Authorization Form is to enable persons and/or agencies to better serve the student/family through coordinated service planning and delivery. Representatives of the following agencies are authorized to share information regarding this student.

- School Board of Brevard County, FL
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

The information which may be disclosed/exchanged includes medical, educational, psychological, social information, and additional information, such as:

\_\_\_\_\_

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.

The information disclosed is protected by federal law. Federal regulation (34 CFR Part 99) prohibits agencies 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.

\_\_\_\_\_  
Parent/Guardian Signature                      Date

\_\_\_\_\_  
Adult Student (18 and over)                      Date