



FDLRS/Crown CHILD FIND
1531 Winthrop Steet
Jacksonville, FL 32206
Phone (904) 346-4601 FAX (904) 346-4611

WRITTEN CONSENT FOR RELEASE OF INFORMATION

Child Name _____ **Date of Birth** _____

To assure the confidentiality of records, written parent/guardian/surrogate consent is requested prior to sending or receiving information about the child. The information shared through this request will assist in educational planning for the child.

Please note that FDLRS/Crown neither charges for records released nor pays for records requested.

Release of Information FROM an agency, school, or physician TO FDLRS/Crown CHILD FIND, Duval, Nassau, or Clay County Public Schools:

I hereby give my consent for _____ to release the following records
(Name of specific Agency, School, or Physician)
to FDLRS/Crown CHILD FIND, Duval, Nassau, or Clay County Public Schools. *Check all records that apply:*

- Psychological Evaluation Psychiatric Evaluation Medical Evaluation/Information Vision Statement
- Educational Evaluation School records Social/Developmental History Hearing Statement
- Other: educationally relevant records Other: _____

Please forward the requested information/records to the attention of:

FDLRS/Crown CHILD FIND
4124 Boulevard Center Drive,
Jacksonville, FL 32207
Phone: (904)346-4601
Fax: (904) 346-4611

Authorization:

I understand:

1. My authorization is strictly voluntary and I may revoke this authorization at any time by notifying the above entities in writing.
2. My revocation does not affect any disclosures made prior to the revocation being received and processed.
3. The information disclosed may be subject to re-disclosure and no longer be protected by state or federal privacy regulations.
4. I have a right to inspect the information to be used/disclosed.
5. Unless otherwise specified, this authorization expires 365 days from the date signed. (Expiration date: _____)

Parent/Guardian/Surrogate Signature

PRINT NAME of Parent/Guardian/Surrogate

Date