



RECORDS RELEASE FORM – All Grades

I request and authorize Florida Christian School to engage in written and/or verbal communication for the release of my child's academic records, documents and other information with:

School Name or Private Provider: _____

Telephone: _____

Shared information may include any of the following: Report Cards, Standardized testing scores (SAT, FSA, etc.), Academic Progress, School/Education Records, Evaluation Results/Notes (academic, social/emotional, therapeutic, medical, psychological, and psychiatric), Case Progress/Therapy Notes, and/or Exceptional Student Education/Section 504 Records.

All information that I have authorized for release is strictly confidential and cannot be shared without written consent with any other agency or person other than the person(s) designated below:

Name: _____ Title: _____

(Florida Christian Staff)

Parent Acknowledgement:

I, _____ hereby authorize the release of records and any reference forms
(Parent or Legal Guardian)

regarding my son/daughter _____ born on _____.
(Child's First and Last Name) (Date of Birth)

I understand that I may withdraw my consent at any time by sending notification in writing.

Parent Signature: _____ Date: _____