PINELLAS COUNTY SCHOOLS

CONSENT FOR RELEASE OF STUDENT RECORDS
TO OUTSIDE CERTIFICATION/CREDENTIALING ORGANIZATIONS

I/we, the adult student (at least 18 y.o.) listed here OR the parent(s)/guardian(s) of the student(s) listed here:

_____
(print name of student(s))

hereby provide consent for the Pinellas County School Board ("PCS"), and its various schools and departments, to share student records and information of the student(s) listed above to outside organizations working in the subject matters I/we marked below for certification and/or other credentialing of the student(s) in one or more programs offered by PCS. Examples of outside organizations include, but are not limited to, the American Heart Association (medical programs), the American Culinary Federation (culinary programs), and the Florida Department of Children and Families (early childhood programs).

I authorize such release to organizations in the following subject matter areas (please mark all that apply):

- ☐ Medical/Nursing/Pharmacy
- ☐ Culinary
- ☐ Early Childhood/Education Profession
- ☐ Marine Mechanics
- ☐ Auto Repair
- ☐ Welding
- ☐ Career Technical Student Associated Clubs
- ☐ Veterinarian
- ☐ OJT
- ☐ Business Ed/Marketing/IT
- ☐ Construction Technology
- ☐ Machinery
- ☐ First Responder/Criminal Justice
- ☐ Other: _____ (Print Name of Area)

In consideration of participation in these elective PCS programs, I/we agree to indemnify, release, and hold harmless PCS, its agents, employees, and representatives, and to accept all liability arising out of or resulting from any claim for damages arising from the reasonable release of such student records and/or information described herein.

_____ Signature

_____ Print Name

Date: _____

_____ Signature

_____ Print Name

Date: _____