Seminole Tribe of Florida
Education Department
2026-2027 Authorization Form

Student: _____ _____ _____
First **Middle** **Last**

_____ _____
Tribal Member # **Date of Birth**

The signature below authorizes the release of records and information as indicated for the purpose of:

- Monitor Education Progress
- Assessments and Referrals
- Family Services
- Coordinate education services
- Other (*Please specify*): _____

I hereby request and authorize STOF's Education Department: ☐ Disclose to ☐ Obtain From

Person/Agency: _____ Phone: _____

TO BE RELEASED TO/REQUESTED FROM: **Seminole Tribe of Florida's Education Department**

- **BIG CYPRESS**
  31000 Josie Billie Hwy.
  Clewiston, FL 33440
  (863) 902-3200
- **BRIGHTON**
  650 Harney Pond Rd, Suite 112
  Okeechobee, FL 34974
  (863) 763-3572
- **HOLLYWOOD/TRAIL/FT. PIERCE**
  3100 N. 63rd Avenue
  Hollywood, FL 33024
  (954) 989-6840 Ext. 10500
- **IMMOKALEE/NAPLES**
  295 Stockade Road
  Immokalee, FL 34142
  (239) 867-5303
- **TAMPA**
  6401 Harney Road
  Tampa, FL 33610
  (813) 246-3100

Information to be released:

- Attendance Information
- Report Cards/Progress Reports
- ESE Reports
- Discipline Records/Actions
- Standardized Test Information/Results
- Current IEP/504 Plan
- Assessments and Evaluations
- Transcripts
- Contact information
- Psychological Evaluations
- Dates and Reasons for Special Program Enrollment/Withdrawals
- Contact Information

I hereby authorize the above indicated information/records to be disclosed from the Person/Educational Institution and to be released to the STOF's Education Department. I understand the information is strictly confidential and will be used for the purposes stated above. I understand that this authorization will remain in effect from the date of signature to be valid throughout the immediately following full school year, up to and including August 1st of that year or until it is revoked by my written consent.

I do authorize and understand my rights regarding the release of these records.

_____ _____
Parent/Guardian Signature *Date*

_____ _____
Advisor Signature *Date*

I do not authorize and understand my rights regarding the release of these records.

_____ _____
Parent/Guardian Signature *Date*