

**AUTHORIZATION FOR RELEASE/EXCHANGE OF
RECORD INFORMATION**

Client/Student Name: Last First Middle Maiden

Street Address City State Zip Code

Telephone Number Date of Birth Social Security Number School

Floyd County Public Schools are hereby authorized to **release or exchange** the following confidential information with:

Name of Person or Agency	Address	Phone Number

The date of this release expires on _____. If not indicated, then it will expire one year from signature date.

INFORMATION OR RECORDS

- Official Scholastic Record (names; address; birth date; grade level completed; grades; class standing; attendance record; standardized and aptitude test scores such as SAT, PSAT, AP, ACT; school, community activities; work experience)
- Health-Physical Fitness Data: Certificate of Immunization
- Intelligence, Aptitude, Interest Test Scores
- Social History (if available)
- Educational Reports
- Legal, Psychological, Psychiatric, and Medical Reports (if applicable)
- Medical and/or Mental Health Diagnosis
- State required reports of evaluations and other pertinent reports and programs for exceptional students
- Other _____

The reason for this disclosure is: _____

I understand that I have the right to request a hearing to challenge the content and accuracy of the school record requested. I can withdraw my consent at any time by telling the referring agency. This consent does include information placed in the record after the date this consent was signed.

Date

Signature and relationship to client

Information should be sent to the attention of:

