



DISTRICT SCHOOL BOARD OF PASCO COUNTY

7227 Land O' Lakes Boulevard

Land O' Lakes, Florida 34638

**AUTHORIZATION FOR RELEASE OF RECORDS
AND/OR INFORMATION FROM RECORDS**

MIS Form #791
Rev. 7/15

Please print or type:

RECORDS TO BE RELEASED TO Dorraine Dyser, Registrar **EMAIL: Dfreierm@pasco.k12.fl.us**
 Contact Person

School/Agency Zephyrhills High School Phone 813-794-6132

Address 6335 12th Street, Zephyrhills, FL 33542 *****FAX: 813-794-6191*****

RECORDS TO BE RELEASED FROM _____
 Name of School/Agency/Person

Address _____

I, _____, do hereby authorize the release of the following

information on _____
 Student Name Date of Birth Student #

from the above named school/agency/person:

- | | |
|--|---|
| <input type="checkbox"/> Entire Cumulative Record Folder (Applicable for student transfer to another school or system) | <input checked="" type="checkbox"/> Medical/Health Records (including speech, language, hearing, vision reports and immunization records) |
| <input type="checkbox"/> Exceptional Student Education Records | <input checked="" type="checkbox"/> Official School Transcript |
| <input type="checkbox"/> Grades at Time of Withdrawal | <input type="checkbox"/> Psychiatric Evaluation |
| <input type="checkbox"/> Grading System | <input type="checkbox"/> Psychological/Social Work Reports |
| <input type="checkbox"/> Graduation Requirements | <input type="checkbox"/> Standardized Test Scores |
| <input type="checkbox"/> Home Language Survey | <input type="checkbox"/> Treatment/Services Plan |
| <input type="checkbox"/> Record of Achievements, Special Awards/Activities | |
| <input checked="" type="checkbox"/> Other Confidential Records (specify): <u>Please provide accurate and pertinent educational information that is necessary</u> | |

to produce an appropriate schedule, course selection, and grad plan year for this student. Thank you

AUTHORIZATION FOR EXCHANGE OF INFORMATION/RELEASE OF CLIENT RECORDS

These records will be for the professional use of authorized District School Board of Pasco County personnel only. Records will be used for educational planning, placement, and/or evaluations. Parent permission is not required when records are requested from authorized personnel or from officials of schools/school systems in which the student seeks to enroll (Family Educational Rights and Privacy Act of 1974, FERPA). Records information shall not be released except on the condition that they will not subsequently be transferred to a THIRD PARTY without first obtaining the proper consent of the parent or eligible student.

Conditions of this exchange of information shall be in compliance with federal regulations, the Family Educational Rights and Privacy Act of 1974 (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and all other applicable federal laws, state statutes, State Board of Education Rules, and local School Board policy.

This authorization shall be terminated one year from the date of signature unless otherwise specified. This consent may be revoked by the client/representative at any time. Revocation has no effect on action previously taken.

Signature of Parent/Guardian or Eligible Student Date