

SCHOOL BOARD OF ALACHUA COUNTY
STUDENT SUPPORT SERVICES DIVISION

RELEASE OF INFORMATION

Name of Previous School

Student Name

Address of Previous School

Date of Birth

City, State, Zip Code

Oak View Middle School
Name of Present School

The parents of the above named student have given permission for receiving information from you regarding school transcripts, health records (including all immunization records), and diagnostic (psychological or medical) and educational evaluations for their child. A summary of your contacts with the student and family would also be helpful. These records will be used to determine the student's appropriate educational program. Please include grade/credit explanation for high school courses.

Parent Consent for Release of Information

I hereby give my permission for release of the following records:

- ____ 1. Psychological Evaluation _____
- ____ 2. Educational Evaluation _____
- ____ 3. Medical Evaluation/Health Records _____
- ____ 4. Grades/Educational Tests _____
- ____ 5. Current Withdrawal Grades _____
- ____ 6. Other _____

Parent/Guardian Signature

Date

Student Signature (if age 18 or older)

Date

Please send this information to the person checked below:

Registrar/Database Manager
Angela Meade
(352) 472-1102 Phone
Email: meadeag@gm.sbac.edu

Oak View Middle School
Receiving School
1203 SW 250th Street

Newberry, FL 32669
