



Student Support Services

### Release of Student Education Record to Alachua County Public Schools

The Family Educational Rights and Privacy Act (FERPA) affords parents and students rights concerning the privacy of information contained in student education records. By completing this form, the undersigned gives consent and authorizes the school named below to release to Alachua County Public Schools and the staff of the School Board of Alachua County, Florida the information contained in a student's education record. This will be used by Alachua County Public Schools for enrollment purposes and to determine the student's appropriate educational program.

Name of Student: \_\_\_\_\_ Student's Date of Birth: \_\_\_/\_\_\_/\_\_\_

Name Student's Previous School: \_\_\_\_\_

Address of Previous School: \_\_\_\_\_

(city/county/state): \_\_\_\_\_

Parent's Printed Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

I, the above-named parent of the above-named student, consent to the release to Alachua County Public Schools and School Board of Alachua County, Florida the following educational information for the above-named student, if available (*check all that apply*):

- Student Grades & Transcripts (*may include immunization, academic progress and test scores*)
- Discipline Records
- Immunization Records
- Medical Evaluations & Health Records (*may include medications*)
- Psychological Evaluations
- Exceptional Student Education Records
- All of the Above**

I authorize the release of the above selected information to:

**Alachua County Public Schools  
620 East University Avenue  
Gainesville, FL 32601**

<b>For Alachua County Public School Use</b>	
<input type="checkbox"/> ESE Staff/Placement Supervisor	<input type="checkbox"/> Student Records Officer
Alachua County Receiving School: _____	
Address: _____	
_____	