

**AUTHORIZATION TO RELEASE RECORDS**

(MUST BE WITNESSED BY A MANATEE COUNTY SCHOOL DISTRICT EMPLOYEE OR NOTARIZED)

TO: \_\_\_\_\_ SCHOOL  
ATTN: \_\_\_\_\_  
C/O SCHOOL BOARD OF  
MANATEE COUNTY  
\_\_\_\_\_, FLORIDA 3\_\_\_\_\_



RE: \_\_\_\_\_  
SSN: XXX-XX-\_\_\_\_\_  
DOB: \_\_\_\_\_

I, \_\_\_\_\_, an eligible student (the "Student") pursuant to section 1002.22, Florida Statutes (2007), HEREBY AUTHORIZE THE SCHOOL BOARD OF MANATEE COUNTY, FLORIDA to furnish and release to \_\_\_\_\_, at the following address: \_\_\_\_\_, or via fax to (\_\_\_\_\_) \_\_\_\_\_, any and all student records pertaining to the Student, maintained in the custody and control of the School Board of Manatee County, Florida, to include, but not limited to any and all medical, psychological evaluations and any other records contained in the Student's Exceptional Student Education records, if any.

The foregoing authorization shall continue in full force and effect until revoked by me in writing. **The records may be released upon receipt of a copy or fax of this authorization.**

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

WITNESS:  
(Witness must be a School District employee)

ELIGIBLE STUDENT

Name: \_\_\_\_\_  
Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Identification Verified (Include No.):**

\_\_\_\_\_  
(State issued Driver's License; State issued photo I.D. or Passport)

**OR**

COUNTY OF \_\_\_\_\_ )  
STATE OF \_\_\_\_\_ )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 2008, by \_\_\_\_\_, who is personally known to me OR has provided \_\_\_\_\_ as identification.

(SEAL)

\_\_\_\_\_  
Name: \_\_\_\_\_  
NOTARY PUBLIC  
STATE OF \_\_\_\_\_ AT LARGE  
Commission Expires: \_\_\_\_\_