



Miami-Dade County Public Schools

Permission for Release of Records and/or Information From Records

Student's Name: _____ DOB: _____

Records to be released: [Please check appropriate item(s)].

_____ Psychological Report _____ Test Scores _____ Attendance Information

_____ Grades _____ Health/Medical Records _____ Other (Specify) _____

The record(s) indicated above is/are to be released to:

Agency _____ Contact Person _____

Address _____

The purpose for this release is:

I hereby grant permission for the release of the above record(s) and this release is to be in effect until _____ (Date).

Signature of Parent or Eligible Student (Date)

School/Agency Releasing/Requesting Records

Signature of Authorized Personnel

Title (Date)

Miami-Dade County Public Schools is subject to the Family Educational Rights and Privacy Act of 1974 Codified at 20 U.S.C. §1232 g. Therefore, all documents contained in a student's educational records, except those specifically waived, are accessible to the parents or eligible student.

Personally identifiable information may be transferred to a third party only on the condition that it will not be released to any other parties without obtaining the consent of the parent or eligible student.

A COPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL

FOR MLECTC USE ONLY	
Student VACS/FOCUS ID#: _____	Full Program Completer: _____ OCP Completer: _____
Non-Completer: _____	
Program Title: _____	Contact Phone #: _____
Dates attended: _____ to _____ PLEASE ATTACH BIO SCREEN to this form.	
FM-1867E Rev. (11-02)	