

AUTHORIZATION FOR RELEASE, INSPECTION, OR RECEIPT OF RECORDS

Hillsborough County Public Schools is hereby authorized to:

Release or Copy Records Receive Records Permit the inspection of listed records/information

Regarding: Click or tap here to enter text. MM/DD/YYYY Click or tap here to enter text.  
 Name of Student Date of Birth Parent/Guardian

To/From/By: Click or tap here to enter text. Click or tap here to enter text.  
 Medical Provider or Agency Name Address

PLEASE CHECK THE APPLICABLE RECORDS THAT ARE TO BE RELEASED/COPIED/INSPECTED:  
 Psychological Evaluations/Reports Health/Medical/Birth Reports/Records  
 Diagnostic Screenings/Reports/Records Educational/Academic Reports/Records  
 Social/Developmental History Reports Standardized Test Data  
 Attendance Records Psychiatric Reports  
 Other: Click or tap here to enter text.

PLEASE SEND/RELEASE INFORMATION TO:   
 Click or tap here to enter text. Click or tap here to enter text.  
 Name of Individual or Agency Address

Click or tap here to enter text. Click or tap here to enter text.  
 Phone City, State, ZIP

IMPORTANT – PLEASE NOTE

The person or agency receiving these records must not transfer the information obtained to any other person or agency without obtaining the written consent of the parent or legal guardian, or the student if eighteen years of age or older, or as otherwise allowed or provide by law.

Pursuant to Public Law 93-380, you, the parent / guardian, are hereby notified that you have the right to inspect education records, to have a copy of said records if you wish to pay the cost of duplication, and to challenge the content of said records on the grounds that they may be inaccurate, misleading or inappropriate.

THIS RELEASE SHALL BE EFFECTIVE **365** DAYS FROM THE DATE OF SIGNING

PLEASE CHECK ONE OF THE FOLLOWING:

I certify that I am age eighteen or older and I am the person who is the subject matter of the record listed above.   
I certify that I am the parent or legal guardian of the person who is the subject matter of the records listed above, and that said person is under the age of eighteen. I understand that the information and/or reports that are shared with the school may become part of the student’s record. Furthermore, school records are subjected to the regulations imposed by the Family Education Rights and Privacy Act of 1974 (PL 94-142) (Statute: 20 U.S.C. § 1232(g) Regulation: 34 CFR Part 99). Those records used to make educational decisions about students are subject to review by the parents/guardians and student 18 years of age or older.

Click or tap here to enter text. 19 August, 2020  
 (Signature of Parent/Guardian or Student 18 years of age or older) (Date Signed)

SB 90725 Rev. 7/2011  
Distribution: Cumulative Folder

FOR OFFICE USE ONLY

Sent By: Click or tap here to enter text. Date: Click or tap here to enter text.  
 (Site)

Phone: Click or tap here to enter text. Initial: Click or tap here to enter text.