



## HILLSBOROUGH COUNTY PUBLIC SCHOOLS

### AUTHORIZATION FOR RELEASE INSPECTION OR RECEIPT OF RECORD

Regarding \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Name of the Student

Please check the applicable records that are to be released/copied/inspected:

- Psychological Information
- Diagnostic Information
- Social/Developmental Information
- Attendance Information
- Health/Medical /Birth Information
- Educational Academic Information
- Standardized Test Data
- Other

Previous School Name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send/release information to: **MARGIE FARNELL MIDDLE SCHOOL**  
**13912 Nine Eagles Drive**  
**Tampa, FL. 33626**  
**Tel: 813-356-1640 Fax: 813-356-1644**  
**Altagracia.Bracamonte@HCPS.NET**

**Tel:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_

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

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 records listed above.
- I certify that I am the parent or legal 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 Family Education Rights and Privacy Act of 1974 (PL 9-142)(Stature: 20 U.S.C. 1232(g) Regulations: 34 CFR Part99). Those records used to make educational decisions about students are subject to review by the parent/guardians and students 18 years of age or older.

\_\_\_\_\_  
(Signature of Parent/Guardian or Student 18 years of age or older)

\_\_\_\_\_  
(Date Signed)



## Date Student First Entered United States Schools

**Student Name:** \_\_\_\_\_ **Student Number:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Homeroom:** \_\_\_\_\_ **Teacher Name:**

\_\_\_\_\_

**SCHOOL: FARNELL MIDDLE SCHOOL (1441)**

Dear Parent or Guardian:

Starting with the 2012-2013 school year, all schools in Florida are required to collect and report to the Department of Education the date an English Language Learner (ELL) student first entered a United States school.

Please fill in the date the student first entered a United States school, sign the form, date the form, and return to your child's school.

**Date Student First Entered United States School**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_



### State Mandated Information

Per Senate Bill 7026, please complete the information below:

Student Name: \_\_\_\_\_

Has the student ever had any referrals to mental health services? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date