



## Release And /Or Request for Information Authorization

I \_\_\_\_\_ request and authorize **Florida Christian School** personnel who are  
(Parent and/or Legal Guardian)

invested in the academic, social/emotional, and/or spiritual development of my child to engage in written and/or  
verbal communication/ release of records with: \_\_\_\_\_  
(Private Provider/Previous School/Agency)

\_\_\_\_\_  
(Street Address) (City) (State) (Zip) (Telephone #)

regarding my child \_\_\_\_\_ born on \_\_\_\_\_.  
(Child's First & Last Name) (Date of Birth)

Shared information **may** include any of the following:

Academic Progress, School/Education Records, Evaluation Results/Notes (academic, social/emotional, therapeutic, medical, psychological, psychiatric), Case Progress/Therapy Notes, and/or Exceptional Student Education/Section 504 Records.

Other: \_\_\_\_\_

**All information that I have authorized for release is strictly confidential and cannot be shared with any other agency or person other than specified on this authorization form without additional written consent.**

Authorization will expire one (1) year from the date signed.

I understand that I may withdraw my consent at any time by signing the consent withdrawal section on this form.

\_\_\_\_\_  
Print Name of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian      Date

\_\_\_\_\_  
Relationship to Child

I \_\_\_\_\_ withdraw consent on \_\_\_\_\_.  
Signature of Parent or Legal Guardian      Date Consent Is Withdrawn