

**RECORDS RELEASE
ESCAMBIA COUNTY, FLORIDA SCHOOL DISTRICT**

I, _____, hereby certify that I am the parent or
(name of parent or guardian)

legal guardian of _____, DOB: _____.
(name of student) (date of birth of student)

I hereby authorize the release of any and all personally-identifiable educational information and/or records concerning said student which are in the custody and/or control of the Escambia County School District or its employees to:

(name and address where records are to be sent)

for the purpose of _____.
(state purpose for release of information)

I hereby waive any privacy claims under Section 1002.22, Florida Statutes; the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. s. 1232g, 34 C.F.R. Part 99; The Health Insurance Portability and Accountability Act (HIPAA), Pub. L. 104-191, 45 C.F.R. Parts 160, 162, and 164; and/or other applicable law for such release of records. This release is valid and shall continue in force until revoked by me in writing, furnished to the office of the School Board General Counsel, 75 North Pace Boulevard, Pensacola, FL 32505.

SIGNATURE: _____

Print Name: _____

Address: _____

Phone No. _____

Date: _____

***WITNESSED BY:** _____

Print Name: _____

Address: _____

Phone No. _____

Date: _____

***(Note: cannot be witnessed by the parent or the person receiving the records; must be a third party)**