Alachua County
Public Schools

Student Support Services
Release of Student Education Record

The Family Educational Rights and Privacy Act (FERPA) affords parents and students rights concerning the privacy of information contained in student education records. By completing this form, the undersigned gives consent and authorizes Alachua County Public Schools and the staff of the School Board of Alachua County, Florida (collectively "ACPS") and the below-named individual, entity or agency to release and exchange information concerning the student, including information contained in the student's education record. A release must be completed for each individual, agency or entity who is being authorized access. This consent is valid for a period of one (1) year from the date of signature. The parent may revoke this release at any time upon written notice to the student's currently enrolled school.

Name of Student: _____ Student's Date of Birth: ___/___/___

Name of School: _____ Student # *(if known)*: _____

Last year attended School: _____ Graduation Date *(if applicable)*: _____

Parent's Printed Name: _____

Parent's Signature: _____ Today's Date: _____

Student's Signature, if age 18 or older *(if applicable)*: _____

I, the above-named parent of the above-named student (or as a student who is age 18 or over), consent to the release and exchange of the following information concerning the student, including the student's educational record, if available, by and between ACPS and the below named individual, agency or entity (check all that apply):

☐ Student Grades & Transcripts *(may include immunization, academic progress and test scores)*

☐ Discipline Records

☒ Immunization Records

☒ Medical Evaluations & Health Records (*may include medications*)

☐ Psychological Evaluations

☐ Exceptional Student Education Records

☐ Proof of Age

☐ All of the Above

☐ Other: _____

I authorize the release of the above selected information to the following person or agency:

Name: UFHealth _____

Address or Fax: Fax: 352-334-4041 - Attention UF Pediatrics Health Coach _____

Purpose of Release: School Based Telehealth Program _____

Student Records Use Only			
By:_____	ID:_____	Film(s):_____	Certified:_____