THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

AUTHORIZATION FOR RELEASE AND/OR REQUEST FOR INFORMATION

I hereby request and authoriz			hools			
600 S.E.3rd Avenue	(Name of Person, Scho Fort Lauderdale	or, or Department)	FL	33301	754-321-0000	to engage
(Street Address)	(City)		(State)	(Zip)	(Telephone #)	to engage
in verbal and/or written com	nunication with and	release records to	: The Je	wish Açaç	demy	
5100 Sheridan Street Holl		ollywood	(Name	e of Person, Job 1	Fitle and/or School/Ager	acy/Entity)
(Street Address)		(City)		(State)		Telephone #)
regarding the information c date of birth is drug or alcohol abuse, eccommunicated if indicated b in addition to my child. Treatment Plans Treatment / Discharge Health / Medical Record Case / Progress / Thera X Student Identification In Academic / School-related Record X Grades X Test Scores X Attendance Suspensions / Expulsion	I understand that onomic status, and elow. I further under Summaries and supply Notes Number ords:	rning my child* It information co educational inforstand that this in	Substance A Social and/o Psychologic Restorative Social Supp Medical Ser HIV/AIDS	Abuse Treatmor Developmental and/or Psysort Services test results or	sychological, med y child will be n information reg ent Records ental History ychiatric Evaluatio	, whose dical diagnosis, e released and/o garding my family the terms.
X Exceptional Student Ed	ducation / Section 504					
Other_any pertainer	nt records regardin	g evaluation ne	eeds			
For the Purpose of: an educ	ational psychologica	ıl evaluation				
I acknowledge that all information be released by the recipient (1) year after the date sign valid in lieu of the original. Print Name of Parent / Guardian / But a lieu of Par	nt without an addit ned, or on . I further understa	ional written co , 20 <u>24</u> nd I may withdi	nsent. I un , whichever aw my con	nderstand t ver is earlie	his authorization r. A copy of this ing at any time.	n will expire on
Relationship to Child *Eligible students (age 18 or over)	may authorize the release	of their advection re	oorde			
Engine students (age 18 or over)	may aumorize the release	or men education rec	lorus.			
(USE THIS SPACE IF CON I hereby withdraw my previo		*	on about my	child.		
Date Consent Is Withdrawn	Š	Signature of Parent /	Guardian / Eli	gible Student		

Form #4301 REV 07/18 Risk Management