



SEMINOLE TRIBE OF FLORIDA

Center for Student Success and Services

Authorization for the Release of Information

Student: _____
First Middle Last Date of Birth

Address: _____
Street Apt/Box/Ste City State Zip

The signature below authorizes the release of records and information as indicated for the purpose of:

- Monitor education progress
- Assessments and referral
- Incentive Awards
- Family Services
- Coordinate education services with school, family and other concerned person(s)
- CCDT
- REC
- CBH
- Other (Please specify): _____

TO BE RELEASED TO/REQUESTED FROM:

Seminole Tribe of Florida's Center for Student Success and Services

Attention of: _____ (CSSS Representative)

Street Address: _____ City: _____ State: _____ Zip: _____

Information to be released:

- Attendance Information
- Report Cards/Progress Reports
- ESE Reports
- Discipline records/ actions
- Standardized Test Information/Results
- Current IEP Plan
- Current Report Card
- Assessments and evaluations
- Transcripts
- Psychological Evaluations
- Dates and reasons for special program enrollment / withdrawals

I hereby authorize the above indicated information/records to be disclosed from the Person/Agency and to be released to the STOF Center for Student Success and Services. I understand the information is strictly confidential and will be used for the purposes stated above. I understand that this authorization will remain in effect from the date of signature until the student graduates from high school or until it is revoked by my written consent.

I have been informed and understand my rights regarding the release of these records.

Parent/Guardian Signature

Date

Advisor Signature

Date