



**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
AUTHORIZATION FOR RELEASE OF INFORMATION**

Date: _____

Re: _____

Date of Birth: _____

Social Security Number: _____

I hereby authorize that all available educational, psychological, vocational and/or medical information related to the disability that needs accommodation, including the most recent IEP or 504 Plan be released to: _____ (*School Name*) for its use whenever necessary.

Signature of Student

Date

Parent/Guardian (if under 18 or adjudicated incompetent)

Date

Guidance/Instructor or LEA Signature

Date

PLEASE MAIL REPLY TO:

Name of School Contact: _____

Title: _____

School Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Career, Technical and Adult/Community Education
600 Southeast Third Avenue, 11th floor
Fort Lauderdale, FL 33301