

THE SCHOOL BOARD OF BREVARD COUNTY, FLORIDA
AUTHORIZATION FOR RELEASE AND EXCHANGE OF INFORMATION

I, _____, authorize the release of information between and
Parent/Guardian/Student Name (Print)

among the identified school and agency members which will be planning services for:

_____	_____
Student Name	Student Number
_____	_____
Date of Birth	School

The purpose of the Authorization Form is to enable persons and/or agencies to better serve the student/family through coordinated service planning and delivery. Representatives of the