

Education Support Services – Murdock Center 1445 Education Way, Port Charlotte, FL 33948-1053 (941) 255-0808 Fax: (941) 255-7573

PERMISSION FOR RELEASE/EXCHANGE OF STUDENT RECORDS (Appendix 19)

| DATE: | | | |
|------------------------------|---|----------------------|-----------------------|
| I hereby aut following in | thorize the School Board of Charlot information: | te County to relea | se and/or receive the |
| | Academic Psychological Behavioral Medical Verbal Communication Other | | |
| Regarding my child:Address: | | | DOB: |
| This release | e is valid for one (1) year. Photocop | vies of this release | are valid. |
| Authorized Signature | | | Date |
| Printed Sign | nature | | Relationship |
| Home Phone | | Cell Phone | |
| Written info | ormation released to above on: | Date | |

Form 9035-1019 Rev: 07/12 Appendix 19