



SCHOOL BOARD OF BAY COUNTY, FLORIDA CONSENT FOR RELEASE OF EDUCATION RECORDS

Student Name: _____
Last First Middle

DOB: _____

Bay County School(s) attended: _____ Grade(s): _____

I hereby authorize the School Board of Bay County, Florida to release personally identifiable information and education records of the above-named student to: ***DO NOT LEAVE BLANK***

Name/Agency: Square Pegs Learning Center

Address: 757 Jenks Ave Panama City, FL 32401

Email/Fax: admin@squarepegsconnect.com 888-425-0509

Initial one of the following:

 I consent to the release of all educational records, including, but not limited to, the following: parents' names and addresses, academic transcripts/test scores, attendance records, accident and health records, honors and awards received, participation in school-sponsored activities, disciplinary information, class schedules, teacher anecdotal information, special education records, reports and evaluations, health history, etc.

 I consent to the release of only the following education records:

The records are to be released for the following purpose(s):

- family communications about education
- legal services
- employment
- admission to an educational institution
- other (specify)

Consent to release education records must be signed by either (a) a parent or guardian of a minor student or (b) the student once the student has reached the age of 18.

Signature

Printed Name

Address

Please check one
Relationship to student:

- ☐ Parent
- ☐ Guardian
- ☐ Student over age of 18

Phone Number