



Square Pegs Learning Center & Behavior Solutions

Main Campus: 757 Jenks Ave. | Panama City, FL 32401 | Phone: 850-270-8411

FAX: 888.425.0509 | admin@squarepegsconnect.com

Student Records Release & Request Form – Records FROM Square Pegs Learning Center and Behavior Solutions

Please email request to Judith Fisher Operations Director | ✉ admin@squarepegsconnect.com

Student Information

Student Name: _____ DOB (MM/DD/YYYY): _____ Grade(s): _____

New School Name (Transferring To): _____

Scheduled Enrollment Date at New School: _____

Parent/Guardian Authorization

I hereby authorize **Square Pegs Learning Center** to release personally identifiable information and educational records of the above-named student to:

Name/Agency: _____

Address: _____

Email/Fax: _____

Please initial ONE of the following options:

____ I consent to the release of **all educational records**, including but not limited to:

Behavior and psychological evaluations Academic transcripts and test scores, Attendance records, Disciplinary information, Health and immunization records, limitations on receiving Individual Education Plans (IEPs), 504 Plans, Evaluations, Matrix score and documentation, you will have to reach out to the appropriate district for that information.

____ I consent to the release of **ABA Services only records**

This may include discharge summaries, treatment progress, and behavior reports.

Step Up for Students Scholarship Unenrollment Request

I am requesting that my student be unenrolled from **Step Up for Students** at Square Pegs Learning Center.

• Date of Unenrollment: _____

Please Note:

*Per Step Up for Students guidelines, if the student was enrolled for at least **10 calendar days**, the scholarship payment for that quarter will be issued to Square Pegs Learning Center and is **non-transferable**. As stated, and agreed upon in the signed **Tuition Agreement**, parents are responsible for reviewing and **approving the final invoice** upon withdrawal. Square Pegs Learning Center also requires a **30-day written notice** to withdraw your student.*

Purpose for Record Release (check all that apply):

☐ Family communications about education

☐ Legal services

☐ Employment

☐ Admission to an educational institution

☐ Other (please specify): _____

Printed Name: _____

Date: _____

Relationship to Student: _____

Signature of Consent

Phone Number: _____

☐ Parent

Address: _____

☐ Guardian

Signature: _____

☐ Student (18 or older)