



# 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

📍 Main Office: 757 Jenks Ave, Panama City, FL 32401

☎ (850) 270-8411 | ✉ admin@squarepegsconnect.com

📠 Fax: (888) 425-0509

### Student Information

- **Student Name:** \_\_\_\_\_ **DOB (MM/DD/YYYY):** \_\_\_\_\_
- **School(s) Attended:** \_\_\_\_\_ **Grade(s):** \_\_\_\_\_

### Parent/Guardian Authorization

I hereby authorize **School District** and/or the last school attended to release personally identifiable information and educational records of the above-named student to:

**Name/Agency:** Square Pegs Learning Center

**Address (for email/fax):** 757 Jenks Ave, Panama City, FL 32401

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

**If sending hard copies by mail, please use this address:**

📍 **Square Pegs Learning Center**

**Attn: Admissions**

**904 Flower Ave, Panama City, FL 32401**

### Please initial ONE of the following options:

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

**Individual Education Plans (IEPs), 504 Plans, Evaluations, Matrix score and documentation, Behavior and psychological evaluations**

Academic transcripts and test scores, Attendance records, Disciplinary information, Health and immunization records, Teacher observations and anecdotal notes, Class schedules, honors, awards, participation in activities.

\_\_\_ I consent to the release of **only the following records** (please list):

### Purpose for Record Release (check all that apply):

☐ Family communications about education

☐ Legal services

☐ Employment

☐ Admission to an educational institution

☐ **Transfer/enrollment at Square Pegs Learning Center, Enrollment Date:** \_\_\_\_\_

☐ Other (please specify): \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

### Signature of Consent

☐ Parent

☐ Guardian

☐ Student (18 or older)

**Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_