

St. Lucie Public Schools  
Early Childhood Department  
9461 Brandywine Lane Port St. Lucie, FL 34986 772.429.5548 or 772.429.3945

**CONSENT FOR: RELEASE OF CONFIDENTIAL INFORMATION  
OR REQUEST FOR REVIEW OF STUDENT CONFIDENTIAL INFORMATION**

Please release educational records for: \_\_\_\_\_, DOB: \_\_\_\_\_

**Records or consent for communication from:**

Previous Preschool:	Phone Number:
City & State:	
Dates of Attendance:	

**Records or consent for communication to:**

St. Lucie Public Schools	Phone Number: 772-429-5528 or 772-429-3945
Contact Person: Mary Huffstetter or Cassandra Velasquez	
Street Address: 9461 Brandywine Lane	
City, State & Zip code: Port St. Lucie, FL 34986	

Please include the following (check one)  Educational Records  Medical Records

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THESE RECORDS MAY NOT BE RELEASED TO ANOTHER PARTY AND/OR AGENCY WITHOUT PRIOR APPROVAL OF THE PARENT/GUARDIAN AND/OR ELIGIBLE STUDENT.**

**In reference to records released directly from a private evaluator:**

A fax, email, or photocopy of this Agreement is as binding and effective as the original. This Agreement may be revoked at anytime except in the event the disclosing agency has taken action in reliance on it. Unless previously revoked, this Agreement will terminate sixty (60) days following the parent(s) signature date noted below or the specific date noted here: \_\_\_\_/\_\_\_\_/\_\_\_\_. IN WITNESS WHEREOF, I/We have carefully read and understood all terms of this Release of Confidential Information and indicate with my/our signature voluntary execution of this Agreement.

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Print Name(s): \_\_\_\_\_ Check One:  Parent  School Personnel

Authorized Signature(s):	Title:	
Address:	City:	Zip code:
Phone:	Date:	