



School Board of St. Lucie County
Authorization to Release Personally Identifiable Information
to Florida Vision Quest

TO: SCHOOL BOARD OF ST. LUCIE COUNTY, FLORIDA

RE: _____ (Name of Student)
_____ (Date of Birth)
_____ (Social Security Number)
_____ (Street Address)
_____ (City/State/ZIP)

The School Board of St. Lucie County, Florida, is hereby authorized to release or disclose the following personally identifiable educational information or records concerning the above-named student (list information or records or attach statement):

1. Name 2. Date of Birth 3. Address 4. Telephone Number
5. Ethnicity 6. Lunch Program status 7. Vision acuity
8. School and grade 9. Social Security Number - which will be used
to determine Medicaid and insurance status

The purpose of the release is as follows:

To assist the student and family in obtaining a vision exam and, if necessary, eye glasses.

The listed information or records may be released to the following (list persons or entities to whom information may be released).

Florida Vision Quest, Inc.

Dated this _____ day of _____, _____

(Signature of Parent/Guardian)

(Print Name of Parent/Guardian)