

Release or Transfer of Student Information

This form is used to facilitate communication of student information to authorized individuals.

Student's First Name		Middle		Last	
Parent/Legal Guardian's Name			School's Name		
Agency/Individual/Advocacy					
Contact Name		Phone Number		Extension	Email
Mailing Address		City		State	Zip Code

Specific information requested by agency:

All data will be available through June 30, 2023:

- Contact Information including primary address and primary cell, home, and work phone numbers.
- Student Information (grade, birthday, demographics, student email address, student ID number, etc.)
- Grades or reports sent home
- Attendance
- Standardized Test Scores (Examples: FSAs, EOCs, ACT, ACCESS 2.0 ELLs, progress monitoring assessments, etc.)
- Current discipline records including consequence and date of occurrence

I understand the purpose of this release is to facilitate the communication of student information to authorized individuals. The Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, protects the privacy of education records, and student related information. I understand and agree that this information will not be disclosed to any third party without the express consent of the parent or adult student.

ELCIRMO representative

Date

Signature of the parent/legal guardian

Date



I authorize _____ (school's name) to release student records and/or other student-related information. This release is active from date signed below to the end of current school year unless otherwise revoked by parent or legal guardian.
All forms must have Notary or School Official verification below:

State of Florida County of Martin

On this day ____ of _____, 20____. I certify that the Release or Transfer of Student Information document is a true and exact copy of the original.

Notary Public Signature – State of Florida

Date

who is personally known to me or produced identification (list type produced)

Print or stamp notary sea

Parent/Guardian Child Observation Consent Form

Child's Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Phone Number: _____

Email: _____

I give my consent for the Inclusion Coordinator(s) with the Early Learning Coalition of Indian River, Martin, and Okeechobee Counties, Inc. to observe my child while engaged in activities at:

School name: _____

I understand that this observation will be conducted while my child is engaged in routine activities, and in no way constitutes a diagnosis of any kind. It is intended to help teachers and staff with classroom management, and/or to understand inclusion efforts in your child's center.

All observations will be kept confidential and will be used within the center and ELC only.

Signature - Director/Owner: _____

Date: _____

Signature - Parent/Guardian: _____

Date: _____



Photo Release Form

I hereby authorize the Early Learning Coalition of Indian River, Martin and Okeechobee Counties, hereafter referred to as “ELCIRMO”, to publish photographs taken of me, and/or the minor child or children listed below, and our names and likenesses, for use in print, online and video-based marketing materials, as well as other organization publications.

I hereby release and hold harmless ELCIRMO from any reasonable expectation of privacy or confidentiality for myself and for the minor child or children listed below, and that I have full authority to consent and authorize ELCIRMO to use their likenesses and names.

I further acknowledge that my participation is voluntary and that neither I nor the minor children will receive financial compensation of any type associated with the taking or publication of these photographs or participation in the organization’s marketing materials or other organization publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release ELCIRMO, its contractors, its employees, and any third parties involved in the creation or publication of organization’s publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

Authorization for Photography Release for Minor Child/Children (if applicable)

Name: _____ Age: _____

Authorization

Printed Name: _____

Relationship to Children (if applicable): _____

Signature: _____ Date: _____

