

APPENDIX A

SCHOOL BOARD OF OKALOOSA COUNTY

PERMISSION FOR DISCLOSURE OF INFORMATION FROM STUDENT RECORDS

Date: _____

I, _____, hereby authorize
(Printed name of parent, guardian, or eligible/adult student)

Davidson Middle School
6261 Old Bethel Road
Crestview, Florida 32536

to disclose the following information from the school records of:

_____	Student's Name	_____	Date of Birth
_____	Year of Graduation	_____	
_____	Official school transcript (name, address, birthdate, grade level completed, grades, class standing, attendance record).	_____	Psychological Reports
_____	Standardized Test Scores	_____	Record of Student Activities
		_____	Teacher/Counselor Ratings and Observations
		_____	Other _____

TO: **Individual** _____
Agency _____
Address _____

For the following purpose: _____

**Signature of parent, guardian,
or eligible/adult student**

Relationship

Address

