



RELEASE OF INFORMATION REQUEST

Please share records with the agency indicated below. Documentation is requested to enable me to receive appropriate services:

NAME WHILE ATTENDING FSDB		CURRENT NAME (IF DIFFERENT)	
HOME TELEPHONE NUMBER ()		WORK TELEPHONE NUMBER ()	
HOME STREET ADDRESS			
CITY		STATE	ZIP CODE
DATE OF BIRTH / /	CURRENT GRADE (IF APPLICABLE)	LAST GRADE ATTENDED FSDB	
LAST YEAR ATTENDED FSDB	YEAR GRADUATED (IF APPLICABLE)	YEAR WITHDREW (IF APPLICABLE)	
DEPARTMENT LAST ATTENDED <input type="checkbox"/> Deaf <input type="checkbox"/> Special Needs <input type="checkbox"/> Blind <input type="checkbox"/> Continuing Education			
DOCUMENTS REQUESTED (Note: we will send the most recent FSDB documentation on file. OTHER AGENCY RECORDS CANNOT BE RELEASED.)			
<input type="checkbox"/> Audiological Evaluation		<input type="checkbox"/> Educational Testing	
<input type="checkbox"/> Academic Transcript		<input type="checkbox"/> IEP Plans	
<input type="checkbox"/> Medical Records		<input type="checkbox"/> Behavior Reports	
<input type="checkbox"/> IQ/Psychological Evaluations		<input type="checkbox"/> Social History	
<input type="checkbox"/> Psychiatric Evaluations		<input type="checkbox"/> Vision Evaluations	
<input type="checkbox"/> Other _____			
PLEASE SEND RECORDS TO:			
NAME OF AGENCY (IF APPLICABLE)			
CONTACT PERSON			
TELEPHONE NUMBER ()		FAX NUMBER ()	
STREET ADDRESS			
CITY		STATE	ZIP CODE
SIGNATURE OF CURRENT OR FORMER FSDB STUDENT AGE 18 OR OLDER OR SIGNATURE OF PARENT/ LEGAL GUARDIAN IF APPLICANT IS UNDER AGE 18			
Please mail or fax this request to: Suzi Gauthier, McClure Center Florida School for the Deaf and the Blind 207 North San Marco Avenue St. Augustine, FL 32084 Fax: 904-827-2518		If you have any questions, please contact Suzi Gauthier at: Email: gauthierr@fsdb.k12.fl.us Telephone: 904-827-2504	

