

Advisor Signature

SEMINOLE TRIBE OF FLORIDA

Center for Student Success and Services

Authorization for the Release of Information

ıdent:					
First Date of Birth		Middle	Last		
		Tribal Member#	_		
_	low authorizes the r	-	-	-	
Monitor Education	on Progress • Assess ation services with sch	sments and Referrals	o .		nily Service • CBH
	ards • Tutoring • SI		e specify):	• CCD1 • REC	CDII
amergency/ maze		other (Freue)			
TO BE RELEAS	SED TO/REQUESTED FR	OM: Seminole Tribe o	f Florida's Center for S	Student Success a	nd Services
_					O other
31000 Josie Billie Hwy Clewiston, FL 33440 (863)902-3200	O BRIGHTON/FT PIERCE 650 Harney Pond Rd Ste 112 Okeechobee, FL 34974 (863)763-3572	O HOLLYWOOD/TRAIL 3100 N. 63 rd Avenue Hollywood, FL 33024 (954)989-6840	O IMMOKALEE/NAPLES 295 Stockade Road Immokalee, FL 34142 (239)867-5303	O TAMPA 6401 Harney Road Tampa, FL 33610 (813)246-3100	OTHER
formation to b	ne released:				
Attendance Info		Report Cards/Progres	ss Reports	• ESE Reports	3
		Standardized Test Information/Results		• Current IEP/504 Plan	
• Current Report Card • A		Assessments and Evaluations		• Transcripts	
Psychological E	valuations • I	ates and Reasons for	Special Program Enro	ollment/Withdra	wals
Contact Informa	ation to STOF Departme	ents			
released to t confidential and	ze the above indicated i the STOF Center for Stu will be used for the pur te of signature until the	dent Success and Serv poses stated above. I	vices. I understand the understand that this a	e information is s authorization wil	trictly I remain in
I have been	n informed and und	erstand my rights	regarding the relea	se of these red	cords.

Date