

Swift Creek Middle School
Guidance Department
2100 Pedrick Rd.
Tallahassee, Florida 32317

Telephone (850) 414-2666
Fax (850) 414-2659
Barbara Howard, Registrar
Beth Williams, Secretary

Date

Dear Registrar:

I have enrolled my daughter/son, whose name is _____
and whose birth date is _____ at Swift Creek Middle School. I
authorize you to release the following records to this school:

Transcript with current and previous grades
Withdrawal grades
Health records
Standardized test results
Psychological reports

Please include Florida Standards Assessments, End of Course Assessments, and the
Florida Student Number, if applicable. Faxed copies are acceptable. Thanks.

Barbara Howard, Registrar

<http://www.leonschools.net/Domain/39>

Parent/Guardian Signature

The Final Regulations – Family Educational Rights and Privacy Act (Buckley Amendment) dated June 1976, no
longer requires written parental consent to release student educational records between schools.

These rules state that school officials in school systems in which the student may intend to enroll may release and
receive a student's records without a written consent for such release.

(In Florida, see also Florida Statute 228.093 and State Board of Education Rule 6A-1.955.)

Name and address of the previous school attended:

_____ Phone # _____

_____ Fax # _____

*Leon County Schools does not discriminate against any person on the basis of gender, marital status,
sexual orientation, race, religion, national origin, age, color or disability.*