



Camp Fire USA, Gulf Wind Council, Inc

Family Empowerment Program/Families & Schools Together

1814 Creighton Road Pensacola FL 32504

(850)476-1760 Fax (850) 476-6614

AUTHORIZATION FOR RELEASE OF INFORMATION

_____	_____	_____	_____	_____
Last Name	First Name	MI	DOB	Grade
_____	_____	_____	<u>2008-2009</u>	_____
Teacher	School	School Year		

I HEREBY AUTHORIZE YOU TO RECIPROCALLY RELEASE THE FOLLOWING DOCUMENTS FROM THE ESCAMBIA COUNTY SCHOOL DISTRICT ON THE FOLLOWING STUDENT:

- ☐ Report Cards
- ☐ Attendance Reports
- ☐ Behavioral Reports

PLEASE FORWARD THIS INFORMATION TO THE FOLLOWING:

STEPHANIE STEPHENS OR TAMMY HOHIMER

1814 CREIGHTON RD

PENSACOLA FL 32504

SSTEPHENS@CFGULFWIND.ORG

This information will be kept in the confidential file and will be made available only to authorized personnel.

PARENT/GUARDIAN SIGNATURE

DATE

CONFIDENTIAL