

EXHIBIT B
TO
AFFILIATING AGREEMENT

CONSENT FOR MUTUAL EXCHANGE OF INFORMATION
FOR COMMUNITY/FAITH-BASED ORGANIZATION
2023-2024

[Consisting of 4 pages including this title page]



MIAMI-DADE COUNTY PUBLIC SCHOOLS

CONSENT FORM FOR MUTUAL EXCHANGE OF INFORMATION

Date _____

Student's Name _____

Date of Birth _____ ID# _____

I hereby authorize the mutual exchange of records pertaining to my child or myself, _____, between the MIAMI-DADE COUNTY PUBLIC SCHOOLS and the following agencies (include all schools, physicians, psychologists, hospitals, clinics, etc., that have had significant contact with your child):

Name

Address

Florida International University _____

11200 SW 8th Street Miami, FL 33199 _____

• The specific records to be disclosed pertain to: Academic Scores, Conduct, Attendance, Basic Demographics

• The purpose for making these records available is: Grant Reporting Requirements

• **The receiving party will not disclose the information to any other party without signed consent.**

I certify that I am the parent or legal guardian of the child named above or that I am a student of majority age and have the authority to sign this release.

Name (print)

Signature

Address

City, State

Zip Code

Please return this form to:



ESCUELAS PÚBLICAS DEL CONDADO MIAMI-DADE

CARTA DE CONSENTIMIENTO PARA EL INTERCAMBIO MUTUO DE INFORMACION (CONSENT FORM FOR MUTUAL EXCHANGE OF INFORMATION)

Fecha _____

Nombre del estudiante _____

Fecha de nacimiento _____ Numero de identidad _____

Con la presente carta autorizo el intercambio de informacion en referencia a mi hijo o mi persona, _____, entre las Escuelas Publicas del Condado de Miami-Dade (MIAMI-DADE COUNTY PUBLIC SCHOOLS) y las siguientes agencias (incluyendo escuelas, medicos, sicologos, hospitales, cl nicas, etc., que han tenido que ver con su hijo/hija):

Nombre

Direccion

Florida International Univesity

11200 SW 8th Street Miami, FL 33199

- Los documentos espec ficos divulgados conciernen: Academic Scores, Conduct, Attendance, Basic Demographics

- La razon de tener estos documentos disponibles es: Grant Reporting Requirments

- La(s) persona(s) que reciba(n) estos documentos no divulgara(n) la informacion con otras personas y/o agencias sin su consentimiento.

Hago constar que soy el padre o tutor legal del niño cuyo nombre se menciona arriba o que soy un estudiante mayor de edad y estoy autorizado para firmar esta carta de autorizacion.

Nombre

Firma

Direccion

Ciudad, Estado

Codigo postal

Si rvase devolver esta carta a:



LEKÒL PIBLIK MIYAMI

FNM KONSANTMEN POU ECHANJ EMFNMASYON
(CONSENT FORM FOR MUTUAL EXCHANGE OF INFORMATION)

Dat _____

Nom elèv _____

Dat li fèt _____ ID# _____

Mwen otorize ke yo fe echanj enfomasyon sou dosye pitit mwen ou dosye pa-m,
_____, ant Lekòl Leta Miami-Dade Konti ak ajns sa yo mete (tout lekòl,
doktè, sikològ, klinik, esetera, ki te an afè avèk pitit ou):

Nom

Adrès

Florida International University

11200 SW 8th Street Miami, FL 33199

• Dosye yo kapab kite moun wè yo, se dosye ki gen rapò ak: Academic Scores, Conduct, Attendance,
Basic Demographics

• Dosye yo kapab kite moun wè yo, se dosye ki gen rapò ak: Grant Reporting Requirements

• Moun ki resevwa dosye ya p'ap kite okenn lot moun wè yo san yon konsantman siyen.

Mwen sètifye ke se mwen ki paran ou gadyen timoun, non ekri anro,fòm sa a ou swa mwen se yon
elèv ki majè e ke mwen gen otorite ou siyen pèmision sa a.

Non

Siyati

Adrès

Sil vou plè, retounen fòm sa bay:

Four horizontal lines for returning the form.