

**EXHIBIT A**  
TO  
AFFILIATING AGREEMENT

**RELEASE OF RECORD AND/OR INFORMATION FROM RECORDS  
FOR COMMUNITY/FAITH-BASED ORGANIZATION  
2023-2024**

[Consisting of 4 pages including this title page]



# Miami-Dade County Public Schools

## Permission for Release of Records and/or Information From Records

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Records to be released: [Please check appropriate item(s)].

<input type="checkbox"/> Psychological Report	<input checked="" type="checkbox"/> Test Scores	<input checked="" type="checkbox"/> Attendance Information
<input checked="" type="checkbox"/> Grades	<input type="checkbox"/> Health/Medical Records	<input checked="" type="checkbox"/> Other (Specify) <u>Behavior / Suspension Report</u>

The record(s) indicated above is/are to be released to:

FIU After-School All-Stars /

Agency South Florida After-School All-Stars Contact Person \_\_\_\_\_

11200 SW 8th Street ZEB 313 Miami, FL 33199

Address \_\_\_\_\_

The purpose for this release is: Grant Reporting Requirements for Free Program

I hereby grant permission for the release of the above record(s) and this release is to be in effect until 07/31/2024  
\_\_\_\_\_ (Date).

\_\_\_\_\_  
Signature of Parent or Eligible Student (Date)

\_\_\_\_\_  
School/Agency Releasing/Requesting Records

\_\_\_\_\_  
Signature of Authorized Personnel

\_\_\_\_\_  
Title (Date)

Miami-Dade County Public Schools is subject to the Family Educational Rights and Privacy Act of 1974 Codified at 20 U.S.C. §1232 g. Therefore, all documents contained in a student's educational records, except those specifically waived, are accessible to the parents or eligible student.

Personally identifiable information may be transferred to a third party only on the condition that it will not be released to any other parties without obtaining the consent of the parent or eligible student.

**A COPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL**



**Miami-Dade County Public Schools**  
**LEKÒL LETA MIAMI-DADE COUNTY**

**Pèmisyon Pou Bay Dosye e/oubyen Enfòmasyon ki nan Dosye Lekòl la**

Non Elèv \_\_\_\_\_ Dat Li fèt: \_\_\_\_\_

Dosye Nou Kapab Bay: (Tanpri tcheke sa k apwopriye yo)

\_\_\_\_\_ Rapò Sikolojik

Ane Eskolè

Rezilta Tès

\_\_\_\_\_ Dosye sante/medikal

Prezans/absans

Lòt dosye

Behavior / Suspension Report

Dosye sa a/yo nou gen dwa pase li/yo bay:

FIU After-School All-Stars /

Ajans South Florida After-School All-Stars Reprizantan \_\_\_\_\_

Adrès 11200 SW 8th Street ZEB 313 Miami, FL 33199

Rezon pou pèmisyon sa a: Grant Reporting Requirement for Free Program

Sa a se pèmisyon m ki pèmèt yo bay dosye sa a/yo - Pèmisyon sa a/yo valab jiska 07/31/2024  
 \_\_\_\_\_ (Dat la)

\_\_\_\_\_  
 Siyati paran ou byen elèv elijib la (Dat la)

\_\_\_\_\_  
 Lekòl /ajans k ap bay/Resevwa dosye a

\_\_\_\_\_  
 Siyati anlwaye ki gen otorizasyon

\_\_\_\_\_  
 Tit (Dat la)

Sistèm Lekòl (Leta) Miami-Dade County opere sou baz yon lwa ki pwoteje dwa ak vi prive fanmi. Kidonk, tout dokiman ki nan dosye yon elèv, elèv sa a oubyen paran li gen dwa wè li. Amwenske li te siyen pou aksepte li pèdi dwa sa a.

Enfòmasyon pèsònèl sou yon elèv, pèsòn pa andwa wè yo, amwenske li resevwa konsantman elèv la oubyen paran li.

**KOPI OTORIZASYON SA A AP VALAB MENM JAN AK ORIJINAL LA**



**Miami-Dade County Public Schools**  
**Escuelas Públicas del Condado Miami-Dade**

**Autorización de entrega de expedientes e Información**

Nombre del/de la alumno/a: \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_

Documentos requeridos: (por favor marque el espacio apropiado)

- |  |   |
|--|---|
| <input type="checkbox"/> Informe Sicológico                  | <input checked="" type="checkbox"/> Asistencia escolar  |
| <input checked="" type="checkbox"/> Resultado de las pruebas | <input checked="" type="checkbox"/> Boletín de calificaciones                                 |
| <input type="checkbox"/> Expediente Médico                   | <input checked="" type="checkbox"/> Otro (especifique)<br><u>Behavior / Suspension Report</u> |

El/los documento/os señalado/os serán entregados a:

FIU After-School All-Stars /

Agencia South Florida After-School All-Stars Personal Autorizado \_\_\_\_\_

Dirección 11200 SW 8th Street ZEB 313 Miami, FL 33199

La información será suministrada con el objetivo de: Grant Reporting Requirements for Free Program

Por este medio autorizo que los documentos o las copias de los mismos sean entregados. Esta autorización será válida hasta 07/31/2024 (fecha).

\_\_\_\_\_  
 Firma del padre/madre, tutor o estudiante elegible (fecha)

\_\_\_\_\_  
 Escuela/Agencia que emite/recibe los documentos

\_\_\_\_\_  
 Firma del personal autorizado

\_\_\_\_\_  
 Cargo (fecha)

Las Escuelas Públicas del Condado de Miami-Dade cumplen con la ley pública del Derecho de Familia y la Privacidad, de 1974 Codificado en 20 U.S.C. §1232 g. Por lo tanto, todos los documentos incluidos en el expediente escolar del estudiante, con la excepción de aquellos documentos a los cuales se ha renunciado, pueden ser revisados por los padres, tutores o estudiantes elegibles.

**UNA COPIA DE ESTA AUTORIZACIÓN SERÁ TAN VÁLIDA COMO LA ORIGINAL**