

**SEMINOLE TRIBE OF FLORIDA  
AHFACHKEE SCHOOL**

Chairman  
Marcellus W. Osceola Jr.  
Vice Chairman  
MITCHELL CYPRESS  
Treasurer  
PETE HAHN  
Secretary  
LAVONNE ROSE



Principal  
Dorothy Cain  
Assistant Principal  
Philip Baer  
30290 Josie Billie Hwy.  
PMB 1005  
Clewiston, FL 33440  
Telephone: 863-983-6348  
FAX: 863-983-6535  
<http://www.seminolewarriors.com>

**Authorization to Receive Information**

Date: \_\_\_\_\_

Name and address of school/facility student previously attended:

\_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

By signing, I authorize you to submit the following information to Ahfachkee School:

1. ☐ Official School Transcript
2. ☐ Health/Immunization Record
3. ☐ Birth Certificate
4. ☐ Standardized Test Scores
5. ☐ Exceptional Student Educational record/Special Education
6. ☐ Other (Specify) \_\_\_\_\_

*I understand that any and all personally identifiable information is protected under FERPA. I further understand that I may waive that protection and give access to my student's records for individuals of my choice. I agree to **wave my rights** under FERPA and request that the about date be released to the listed school/office/individual(s).*

For the following purpose:

1. ☐ Exchange of Information
2. ☐ Personal Records
3. ☐ Student Transfer

The Federal Family and Privacy Act do not require parent permission for sending records to a school to which the student is transferring. In such case no parent authorization may appear here.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date