



School Name: _____

RECORDS RELEASE AUTHORIZATION

Student Name: _____ Student ID #: _____ Date of Birth: _____
 Student Preferred Name: _____ Gender: _____ Age: _____
 Primary Language: _____ Grade: _____

To: _____
Name, Title

Organization

Address

City State Zip code

Legal Guardians: _____

- I authorize you to release the information, records or documents indicated below to the Anne Arundel County Public Schools and the Anne Arundel County Health Department.
- I authorize Anne Arundel County Public Schools and the Anne Arundel County Health Department to release the information, records or documents indicated below to you.

Release the following:

These records will be used for educational planning and school health services. Send records to:

School Name: _____
Anne Arundel County Public Schools
Attention: _____
School Address: _____

I understand that all information, records and documents received will become part of the student's school record and, in accordance with the Family Educational Rights and Privacy Act (FERPA) and the Code of Maryland Regulations (COMAR), these records will be available for inspection by the student's parent(s)/guardian(s), or by the eligible student.

I understand that employees of the Anne Arundel County Public Schools and the Anne Arundel County Health Department will have access to the records, documents or information, but no further disclosure to other persons or agencies will occur without my written approval unless such disclosure is authorized in accordance with Federal Law, State Law, and Board of Education Policy and Administrative Regulations.

I understand that this authorization will expire one year after the date I have signed it, and that a written revocation of the authorization may be submitted prior to that time. Any information, records, or documents obtained prior to the expiration or revocation may continue to be used.

I am willing to have a photocopy of this authorization accepted with the same authority as the original.

Signature of Parent or Eligible Student (18 years old) _____ *Date* _____

Witness _____ *Date* _____