



Request for Records and Release of Records

(Valid for the duration of the school year)

Department of Special Education and Student Services
HOWARD COUNTY PUBLIC SCHOOL SYSTEM
Ellicott City, MD 21042

Date: ____/____/____

Student's Name: _____ Grade: ____ Student ID Number: _____

Date of Birth: ____/____/____ Name of Parent/Guardian(s): _____

School: _____ School Contact: _____

School Address _____ Street _____ City _____ State _____ Zip _____

I request the Howard County Public School System to:

Obtain records/information from: _____
Name _____

Address _____ Street _____ City _____ State _____ Zip _____

The Howard County Public School System is requesting records of the above named student to assist in identifying a disability or in planning an appropriate educational program. As the sending party, you should be aware that the parent(s) or guardians(s) have the right to review and obtain a copy of the student's records on file in the Howard County Public School System.

The information to be obtained includes:

- Assessment Reports
 - Educational Assessments or Reports
 - Psychological Assessment
 - Speech and Language Assessments or Reports
 - Psychiatric Assessment or Reports

Note: Psychological and Psychiatric Assessments are released only from Department of Psychological Services.

- Current Student IEP
- Behavior Intervention Plan
- Functional Behavioral Assessment
- Other, specify: _____

Release records/information to: _____
Name _____

Address _____ Street _____ City _____ State _____ Zip _____

The Howard County Public School System releases records of the above named student with the understanding that they are of a confidential nature and shall not be transferred to a third party without written consent of the parent or guardian.

The information to be released includes:

- Assessment Reports
 - Educational Assessments or Reports
 - Psychological Assessment
 - Speech and Language Assessments or Reports
 - Psychiatric Assessment or Reports

Note: HCPSS Psychological and Psychiatric Assessments are released only from Department of Psychological Services.

- Current Student IEP
- Behavior Intervention Plan
- Functional Behavioral Assessment
- Other, specify: _____

Communicate with appropriate personnel:

I grant permission for Howard County Public School System Personnel listed below to communicate with:

Name of physician, school, school district, or agency: _____

Address _____ Street _____ City _____ State _____ Zip _____ Phone Number _____

HCPSS Personnel:

- School Psychologist
- Special Education Case Manager/ITL
- Speech/Language Pathologist
- Other: _____

Parent/Guardian Signature _____ Date _____

Distribution: Student Record
Parent
Other Agency

***** (Valid for the duration of the current school year)