

CALVERT COUNTY PUBLIC SCHOOLS
PARENTAL PERMISSION TO RELEASE INFORMATION

TO:

School Name, Agency or
Authorized Representative: _____ Phone: _____
Address: _____ FAX: _____
City, State, Zip Code: _____

REGARDING:

Student Name: _____ Grade: _____ Student ID #: _____ DOB: _____
Address: _____
City, State, Zip Code: _____ Medicaid # (if applicable): _____

Please release the records indicated below and forward them to the school listed below.

- | | |
|--|---|
| <input type="checkbox"/> Personal Identifying Data | <input type="checkbox"/> Academic Work |
| <input type="checkbox"/> Standardized Achievement Test Scores | <input type="checkbox"/> Attendance Data |
| <input type="checkbox"/> State Test Scores (including HSA, MSA, etc.) | <input type="checkbox"/> Legal Records |
| <input type="checkbox"/> Medical Records (Psychiatric, Neurological, etc.) | <input type="checkbox"/> Discipline Records |
| <input type="checkbox"/> Psychological Records | <input type="checkbox"/> Behavioral Records |
| <input type="checkbox"/> Special Education Records (IEP, IEP Committee Reports, Annual Review, Consents, etc.) | |
| <input type="checkbox"/> Verbal exchange of information with school counselor, school psychologist, nurse or administrator | |
| <input type="checkbox"/> Other: _____ | |

Please forward the requested information to:

Requesting School/Agency

Address

City, State, Zip Code

Attention: _____

Authorization Statement and Signature

I understand that under the Family Education Rights and Privacy Act (FERPA), all information, records and documents received under this release are confidential but will be available for inspection and review by the student's parent(s)/guardian(s), and eligible student, or the authorized representative of the parent/guardian or eligible student.

Authorized representatives of the organization/agency to which the records are released will have access to these records. No other parties, however, will have access without my knowledge or consent, unless authorized to have access under FERPA. This authorization is in effect for one year.

(Signature of Authorized School/Agency Representative Requesting Information) (Signature of Parent or Guardian) (Date)

(Date) _____
(Signature of Student, if 18 years of age or older) (Date)