

Baltimore County Public Schools CONSENT FOR RELEASE OF RECORDS

1. I hereby authorize _____
Name of School, Individual, or Agency

Street Post Office State Zip

To release information concerning:

Name of Student (Full Legal Name)

2. Type of record(s) to be released:

School and/or
health records

Transcript for post-
secondary education

Transcript for
employment

other; specify _____

3. Reason for release of record(s), if other than transcript: _____

4. Record(s) to be released to the following:

5. Date sent:

Name Address

Name Address

Name Address

(Use reverse side for additional recipients)

I understand that the recipient of the record(s) will use the material for legitimate interests only and that the information contained therein shall not be further transferred or communicated to any other party or agency without my written consent except under authority or Public Law 93-380, Educational Rights and Privacy Act.

Date Signature of parent or legal guardian or, if student is age 18 or over, the signature of the student.

NOTE: All material contained in the student's record is accessible to the student and/or the parent(s) subject to applicable policies of the Board of Education of Baltimore County.

RETAIN IN SCHOOL RECORD