



Consent for Release of Educational Records

I understand that a student's education records are confidential and may only be disclosed as allowed by the Family Educational Rights and Privacy Act of 1974, or with the written permission of the student's parent or legal guardian.

I request that _____ County Public Schools provide copies of all education records for the following student:

Student's full name (as it appears on the education records)

Student's Date of Birth

Please list the name and address of the person(s) receiving education records:

1. _____
Name

Address

2. _____
Name

Address

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date