



## BALTIMORE COUNTY PUBLIC SCHOOLS CONSENT FOR RELEASE OF STUDENT RECORDS

**INSTRUCTIONS:** This form authorizes the Baltimore County Public Schools to disclose personally identifiable information from the student record. Complete the form, sign where indicated and return the completed form to the principal where the student is enrolled.

### STUDENT INFORMATION

Student's Last Name	First	Middle Initial
Mailing Address	City/State/Zip	School

### STUDENT RECORD(S) AUTHORIZED TO BE RELEASED (MARK ALL THAT APPLY)

<input type="checkbox"/> Cumulative	<input type="checkbox"/> Health	<input type="checkbox"/> Discipline	<input type="checkbox"/> Psychological	<input type="checkbox"/> Special Education
<input type="checkbox"/> Other, please specify: _____				

### PERSON TO WHOM RECORDS ARE TO BE RELEASED

Name	Business/Company Name RECORDS DEPOSITION SERVICE	
Mailing Address PO BOX 5054	City SOUTHFIELD	State MI 48086-5054

### AUTHORIZATION AND CERTIFICATION

I certify that I am the parent and legal guardian of the student, or eligible student if age 18 or over.

I hereby authorize Baltimore County Public Schools to release the student record(s) identified above. I understand that the recipient of the student record(s) will use the record(s) 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 expressed written consent except under authority of the Educational Rights and Privacy Act, 20 U.S.C. §1232g.

\_\_\_\_\_  
Parent/Guardian Name (or eligible student) (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature (or eligible student)

\_\_\_\_\_  
Date