

MUSCOGEE COUNTY SCHOOL DISTRICT  
Authorization to Release Student Records

\_\_\_\_\_  
Last Name (Maiden Name, if Applicable) First Name Birthdate Last 4 Digits of SSN

\_\_\_\_\_  
Address City, State, Zip Code Telephone

\_\_\_\_\_  
School Last Attended in MCSD Year Last Enrolled Grade Level

Did You Graduate  Yes  No

Institution/Agency Releasing Information

Agency/Individual Obtaining Information

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_  
ATTN: \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_

Type of Material (check all which apply)

- \_\_\_\_\_ Standard Educational Record
- \_\_\_\_\_ Psychological Report
- \_\_\_\_\_ Three Year Reevaluation Review
- \_\_\_\_\_ Educational Evaluation Reports
- \_\_\_\_\_ Individual Education Plan
- \_\_\_\_\_ Special Education Placement Forms
- \_\_\_\_\_ Vision/Hearing Tests
- \_\_\_\_\_ Eligibility Report(s)
- \_\_\_\_\_ Other \_\_\_\_\_

Reason (check all which apply)

- \_\_\_\_\_ Educational Planning
- \_\_\_\_\_ Medical Treatment
- \_\_\_\_\_ Employment
- \_\_\_\_\_ Other \_\_\_\_\_

In compliance with the Family Educational Rights and Privacy Act of 1974, these records will be released to students over 18 years of age or the parents/guardians upon their request. The granting of consent is voluntary on the part of the parent.

I have read or have had read to me the above information. I understand the purpose for the release of information and records, to whom the information and records are to be released, and that it is my right to refuse to do so if I so desire. I understand and agree to this statement.

\_\_\_\_\_ I hereby authorize the Muscogee County School System to **OBTAIN** pertinent information concerning the above named student.

**AND/OR**

\_\_\_\_\_ I hereby authorize the Muscogee County School System to **RELEASE** pertinent information concerning the above named student.

Date \_\_\_\_\_

\_\_\_\_\_  
\*Signature of Parent/Guardian/Student

*\*Must Be Notarized*

Notary Public \_\_\_\_\_

Commission Expires \_\_\_\_\_

*Notarization available at Record Management*