



Consent for Release of Education 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, or of the student (if over 18 or attending a postsecondary school).

I request that Fairfax County Public Schools (FCPS) provide copies of, or access to, education records as specified below:

Student Full Name (as it appears on the education record):	Student Date of Birth
--	-----------------------

Provide ___ Access to ___ Copies of records to: (list the name of the person or entity and an email address &/or mailing address)

The named individual or entity may have access to, or copies of, the following types of records from the student's education files. (If you do not identify specific records, FCPS will provide access to the entire education record.)

Transcripts ___ YES ___ NO **504/IEP (if applicable)** ___ YES ___ NO
Standardized Testing ___ YES ___ NO **Discipline (if applicable)** ___ YES ___ NO
Other (please specify below):

I authorize the named individual or entity to have access to, or copies of, these records for the purpose of

Signature

Date

Printed Name of Signatory

I am: ___ the parent of the named student ___ the legal guardian of the named student ___ the student