



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 <input type="checkbox"/> Access to <input type="checkbox"/> 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 <input type="checkbox"/> YES <input type="checkbox"/> NO 504/IEP (if applicable) <input type="checkbox"/> YES <input type="checkbox"/> NO Standardized Testing <input type="checkbox"/> YES <input type="checkbox"/> NO Discipline (if applicable) <input type="checkbox"/> YES <input type="checkbox"/> 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: <input type="checkbox"/> the parent of the named student <input type="checkbox"/> the legal guardian of the named student <input type="checkbox"/> the student