

**MONTGOMERY COUNTY PUBLIC SCHOOLS**

**AUTHORIZATION TO  
REQUEST/RELEASE STUDENT RECORDS**

**INSTRUCTIONS:** This form is used to request student records. Parent/Guardian should complete Parts I, II, and V below. Recordkeepers/Registrars should complete Part III and IV. Original should be forwarded to the agency/school releasing records. A copy should be filed in the students cumulative folder and **retained for three (3) years.**

**PART I: Student for Whom Records Are Requested**

Name \_\_\_\_\_  
*Last First MI ID# Grade Date of Birth*

**PART II: Agency/School to SEND Records**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # of sending school \_\_\_\_\_

**PART III: MCPS School to RECEIVE Records**

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

**PART IV: Records/Information Needed to Determine Correct Placement** (Include key to grading system)

Academic Records     Health Records     Confidential Records     Other (specify) \_\_\_\_\_

**PART V: Authorization**

I give permission for Montgomery County Public Schools to request records/information for the above student and for the sending agency/school to release those records.

\_\_\_\_\_  
*Signature, Parent/Guardian (Student if over 18) Date*

**FOR OFFICIAL USE ONLY**

Recordkeeper/Registrar  
Submitting Request \_\_\_\_\_ Records Sent \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Date Date* Records Received \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Date Date*

COMMENTS

Records Requested \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Date*