

AUTHORIZATION TO RELEASE RECORDS

This form must be fully completed.

Please Print or Type

REQUEST FOR PUPIL RECORDS

I hereby authorize:

Name of last school attended: _____

Address: _____ Phone: _____

_____ FAX: _____

to release all records, including academic, disciplinary, and Special Education/504 records (if applicable) of:

Student's Last Name First Name Middle Name

Student's Date of Birth: ____ / ____ / ____ Student's Current Grade Level: _____

The records are to be released for the purpose of enrollment in the Cobb County School District and in compliance with O.C.G.A. § 20-2-670.

Signature of Parent/Guardian or Eligible Student (Student required if 18 or older)* Date

*Under the Family Educational Rights and Privacy Act (FERPA), 34 CFR 99.31, consent is not required when disclosure is made to officials of another school, school system, or institution of postsecondary education where the student seeks or intends to enroll, or where the student is already enrolled so long as the disclosure is the purposed related to the student's enrollment or transfer.

PLEASE SEND THE FOLLOWING RECORDS TO:

School: Palmer Middle School

Address: 690 N. Booth Road Phone: 770-591-5020

Kennesaw, Georgia 30144 FAX: 770-591-5032

- | | |
|---|---|
| <input checked="" type="checkbox"/> Cumulative Record | <input checked="" type="checkbox"/> Test Data |
| <input checked="" type="checkbox"/> Report Card | <input checked="" type="checkbox"/> Discipline Record |
| <input checked="" type="checkbox"/> Immunization Record | <input checked="" type="checkbox"/> Special Education/504 Records |
| <input checked="" type="checkbox"/> ESOL/ESL Records (most recent test scores, program entry and/or exit date, current ESOL/ESL status, and Home Language Survey) | |

If not eligible for ESOL/ESL services: provide assessment used to screen the students (date, scores, and name of assessment)

Name of School Official Requesting Records (Please Print)

Signature of School Official Requesting Records

Title