



AUTHORIZATION TO GAIN AND/OR PROVIDE STUDENT RECORD INFORMATION

STUDENT _____ BIRTHDATE ___/___/___ SCHOOL _____

TO AUTHORIZE PROVISION OF INFORMATION TO THE MERIWETHER COUNTY SCHOOL SYSTEM*:

- A. From records of (agency/individual) _____
- B. Address _____ Phone No. (____) _____
- C. Dates of Attendance _____
- D. Purpose of Information Request _____

TO AUTHORIZE THE MERIWETHER COUNTY SCHOOL SYSTEM TO PROVIDE INFORMATION TO:

- A. Agency/Individual** _____
- B. Address _____ Phone No. (____) _____
- C. Purpose of Information Release _____
- D. Information to be released (verbally or in writing)***

- | | |
|---|---|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Special Services Assessment – including psychological, speech, language, hearing, physical therapy, occupational therapy, audiology, casework, medical, vocational, etc. |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Transcript |
| <input type="checkbox"/> Behavior | |
| <input type="checkbox"/> District Testing | |
| <input type="checkbox"/> Non-District Reports | |
| <input type="checkbox"/> Other: _____ | |

Return information to: _____

Address City Zip Code

Signature of Person Giving Consent

Address City Zip Code

Home Phone No. Work Phone No. Relationship to Student

*As per Family Educational Rights and Privacy Act (FERPA), parents (or students over the age of 18) have the right to inspect and review any and all official school records directly relating to their child.

**The agency or individual agrees not to permit any other party access to such information without parent/guardian or eligible student consent.

***As per Family Educational Rights and Privacy Act (FERPA), parents may have a copy of the information to be released if desired.

Meriwether County School District is committed to do *whatever it takes* for all students to aim high, achieve, graduate, and succeed.