



Authorization to Request/Release Student Records

Montgomery County Public Schools
Rockville, Maryland 20850

MCPS Form 550-2
January 2009

FAX TRANSMITTAL

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INSTRUCTIONS: This form is used to request student records. Parent/Guardian should complete Parts I and II 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 _____
 Fax # of sending school _____
 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

Student records may be provided to officials of a school or school system in which the student intends to enroll without written consent of the parent/guardian or eligible student. (COMAR 13A.08.02.19)

FOR OFFICIAL USE ONLY

Recordkeeper/Registrar Submitting Request	
Records Requested _____ / _____ / _____ <small>Date</small>	COMMENTS
Records Sent _____ / _____ / _____ <small>Date</small>	
Records Received _____ / _____ / _____ <small>Date</small>	