

PART A: To be completed by parent/guardian (Student if over 18)

Student Name _____ Date of Birth ____/____/____
Last First MI

Student ID No. _____

I hereby authorize a representative of Montgomery County Public Schools to release the data checked below:

- Dates of enrollment
- Address at time of initial enrollment
- Last address as shown on school record
- Name of Parent/Guardian _____

_____/____/____
 Signature, Parent/Guardian (Student if over 18) Date

PART B: To be completed by MCPS representative

Dates of Enrollment

Elementary School	From	To	Middle	From	To
_____	____/____/____	____/____/____	_____	____/____/____	____/____/____
_____	____/____/____	____/____/____	_____	____/____/____	____/____/____
_____	____/____/____	____/____/____	_____	____/____/____	____/____/____

High School	From	To
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____

Address at time of initial enrollment:

Street Address City State Zip Code

Last address as shown on school record:

Street Address City State Zip Code

Name of Parent/Guardian as shown on student record

Male:

Last First MI Relationship

Female:

Last First MI Relationship

_____/____/____
Signature, MCPS Representative Title Date