

Authorization to Request/Release Student Records

Office of Shared Accountability
Montgomery County Public Schools
Rockville, Maryland 20850

MCPS Form 550-2
April 2012

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 _____ / _____ / _____
Date

Records Sent _____ / _____ / _____
Date

Records Received _____ / _____ / _____
Date

COMMENTS