



Authorization to Request/Release Student Records

MCPS Form 550-2
June 2016

Office of Shared Accountability
Rockville, Maryland 20850
MONTGOMERY COUNTY PUBLIC SCHOOLS

FAX TRANSMITTAL

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INSTRUCTIONS: This form is used to request student records. Parent/Guardian should complete Parts I and II below. Record Keepers/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

Last Name _____ First Name _____ MI _____

State ID# _____ MCPS ID# _____ Grade _____ Date of Birth ___/___/___

Student Address _____

PART II: Agency/School to SEND Records

Name _____

Address _____

Fax # of sending School ___-___-___ Phone # of sending School ___-___-___

PART III: MCPS School to RECEIVE Records

Record Keeper/Registrar Name _____

Address _____

Requested by:

Parent/Guardian/Eligible Student Name _____

Phone Number ___-___-___ Fax Number ___-___-___

PART IV: Records/Information Needed for Enrollment

- Academic Records Health Records Proof of Age (Evidence of Birth)
- Information for Placement, i.e., Key to Grading Confidential Records (if applicable)
- Documentation of legal name change pursuant to a court order, birth certificate demonstrating the student's new name, or through state or federally issued identification (if applicable).
- Documentation of gender designation change pursuant to a court order or documentation from a medical professional (if applicable).
- 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

Record Keeper/Registrar Submitting Request

Records Requested	Date ___/___/___	COMMENTS
Records Sent	Date ___/___/___	
Records Received	Date ___/___/___	