



AUTHORIZATION FOR RELEASE/EXCHANGE OF RECORD INFORMATION

PLEASE COMPLETE THIS REQUEST BY LEGIBLY PRINTING IN THE APPROPRIATE SPACES.
Release effective until otherwise notified.

GU.3-134-16

SCHOOL USE ONLY:

_____ DATE SENT

_____ Mail _____ FAX _____ INDV

Student Name: Last First Middle Maiden

Street Address City State Zip Code

Area Code and Telephone Number Date of Birth

Current/Last School Attended Date Graduated/Withdrew

I HEREBY AUTHORIZE ROANOKE COUNTY PUBLIC SCHOOLS TO RELEASE OR EXCHANGE INFORMATION WITH:

Name Telephone Number

Complete Address

I HEREBY AUTHORIZE ROANOKE COUNTY PUBLIC SCHOOLS TO RELEASE OR EXCHANGE THE FOLLOWING INFORMATION:

- Official Scholastic Record (names; address; birth date; grade level completed; grades; class standing; attendance record; standardized achievement test scores; school, community activities; work experience)
- Health-Physical Fitness Data: Certificate of Immunization
- Intelligence, Aptitude, Interest Test Scores
- Social History (if available)
- Legal, Psychological, Psychiatric, and Medical Reports (if applicable)
- State required reports of evaluations and other pertinent reports and programs for exceptional students
- Other _____

The reason for this disclosure is: _____

I understand that I have the right to request a hearing to challenge the content and accuracy of the school record requested.

Date

Parent/Guardian/Eligible Student Signature

Return information to: _____

IN-SCHOOL USE ONLY (form is on the intranet)