

STUDENT RECORD RELEASE FORM

The purpose of the Federal Educational Rights and Privacy Act of 1974 is to protect the privacy of information concerning individual students by placing restrictions on the disclosure of information contained in a student's education records. By signing below, I hereby authorize Charleston County School District to release my education records (individuals age 18 and older) or the education records of my child, as described below:

Name of Student: _____

Student's Date of Birth: _____

Name of Student's School: _____

____ I, as an eligible student or parent/guardian authorize Charleston County School District to release my/my child's entire educational record.

OR

____ I, as an eligible student or parent/guardian authorize Charleston County School District to release only the portions of my/my child's educational record as listed below:

- ____ Health and Immunization Records (including hearing and vision screenings)
- ____ Report Cards
- ____ Testing Information
- ____ Discipline Records
- ____ Special Education Records
- ____ Attendance Records
- ____ Other: _____

Individual(s)/Organization(s)/Agency(ies) to Whom Records/Information May Be Disclosed:

Purpose of Disclosure:

Please note that this authorization will expire one year from the date of the signature below, unless otherwise stated here: _____

Signature of Parent/Guardian or Eligible Student

Date

I am the (check one)

- () Student
- () Parent
- () Legal Guardian
- () Foster Parent

Return to: Charleston County School District

Attn: Office of General Counsel

75 Calhoun Street

Charleston, SC 29401

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