



TUSCARORA HIGH SCHOOL

801 North King Street
Leesburg, VA 20176
Telephone: 571-252-1907
Fax: 571-252-1908
www.lcps.org



(Date)

TO:

School

Address

City, State, Zip

Phone Number

Fax Number

Contact Person

REQUEST FOR RELEASE OF CONFIDENTIAL INFORMATION

The student named below has registered at this school. I hereby request and authorize the disclosure of the information listed below from the scholastic records of:

Student Name: _____ Grade: _____ DOB: _____

Information from the following records is authorized for disclosure:

1. All Scholastic Records
2. Health Examination and Immunization Records
3. All Scholastic Testing
4. Any Special Education Testing
5. Any Special Education IEP Records
6. Any Special Programs in which he/she participated (gifted/resource)
7. Discipline Records
8. Any Other Pertinent Information

Please forward the requested information to Michelle Vocke, Registrar, at michelle.vocke@lcps.org or fax to 571-252-1908 or mail to address above.

SIGNATURE:

Parent/Guardian Signature OR Student Signature if 18 or over

Parent/Guardian Printed Name

Date