



LOUDOUN COUNTY PUBLIC SCHOOLS RELEASE OF INFORMATION FORM

School Name: _____ Principal's Name: _____

School Address: _____

City, State, Zip Code: _____

The Family Educational Rights and Privacy Act (FERPA) of 1974 (The Buckley Amendment) insures parents/guardians the right to privacy and confidentiality with respect to their child's educational records. With a parent or eligible student's (18 years or older) written consent, LCPS may disclose any confidential information on file to any individual or agency named by the parent or eligible student. This form allows you to authorize us to release information to the person(s) or organization(s) designated below.

I hereby request and authorize the disclosure of the information listed below from the scholastic record of:

Student Name: _____ Grade: _____ DOB: _____

Information from the following records is authorized for disclosure: (Please check appropriate boxes):

- All Scholastic Records
- Health Examination and Immunization Records
- All Scholastic Testing
- Any Special Education Records
- Any Special Programs in which he/she participated (gifted/resource)
- Discipline Records
- Any Other Pertinent Information

To be released to:

Person or Agency Name _____

Address, City, State, Zip _____

Phone _____

Contact Person _____

Reason for Disclosure _____

Individuals will be required to provide proof of identification before information can be released.

Signature of Parent/Guardian or Student (if over 18 years of age) _____

Printed Name _____

Date _____

Please note that FERPA states that parental permission is not required when authorized school personnel request student records sent to a school where the student is transferring.