



AUTHORIZATION TO RELEASE CONFIDENTIAL STUDENT RECORDS

In accordance with the Family Educational Rights and Privacy Act, Cherokee County School District will only disclose protected information from educational records of a student to a third party if CCSD has written consent from the parent of the minor student or from the student themselves if age 18 or older.

Release Records to:

Attn: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

THE CHEROKEE COUNTY SCHOOL DISTRICT IS HEREBY AUTHORIZED AND INSTRUCTED TO RELEASE CONFIDENTIAL INFORMATION REGARDING THE BELOW STUDENT TO THE ABOVE NAMED PERSON.

Form with fields for First, Middle, Last, Date of Birth, School, and Grade Level.

Please specify the Records to be released

- Attendance
Grades
Discipline
Special Education records (IEP, evaluations)
Other: _____

I HEREBY REPRESENT THAT I LAWFULLY POSSESS THE AUTHORITY TO AUTHORIZE THE RELEASE OF THE RECORDS SPECIFIED ABOVE, AND I AGREE TO ALLOW REPRESENTATIVES OF THE SCHOOL DISTRICT TO CHECK MY DRIVER LICENSE OR GOVERNMENT ISSUED PHOTO IDENTIFICATION IN ORDER TO VERIFY MY IDENTITY. (If this request is delivered other than in person, I understand that signature must be notarized) I UNDERSTAND THAT THE CHEROKEE COUNTY SCHOOL DISTRICT WILL RELY UPON THIS REPRESENTATION IN CONSIDERING THIS REQUEST FOR RECORDS. I UNDERSTAND THAT PROVIDING CONSENT TO RELEASE RECORDS IS VOLUNTARY ON MY PART. THE CHEROKEE COUNTY SCHOOL DISTRICT MAY IMPOSE FEES FOR COPYING. I UNDERSTAND THAT THIS FORM ONLY APPLIES TO MY EDUCATIONAL RECORDS AND THAT AN OPEN RECORDS REQUEST AND/OR SUBPOENA WILL BE NEEDED FOR RECORDS BEYOND MY EDUCATIONAL RECORDS.

Requestor's Name-please print

Requestor's Signature (Notary required if ID not verified)

DATE

Sworn to and subscribed before me this ____ day of _____, 20____.

NOTARY PUBLIC