

**OCONEE COUNTY SCHOOLS
RECORDS RELEASE REQUEST**

Student Name

Date of Birth

School Leaving

School Entering

School Address

School Address

Telephone Number

Telephone Number

Fax Number

Fax Number

AUTHORIZATION TO RELEASE SCHOOL RECORDS

To Whom It May Concern:

I am the parent or guardian of _____, and I hereby authorize the _____ School District to release to the Oconee County School District any and all educational, disciplinary, psychological, health, special education, and SST/POI records maintained by the district, or any school in the district relating to my child. By signing this release, I waive any notice requirements related to the furnishing of my child's educational records to the Oconee County School District pursuant to the Family Educational Rights and Privacy Act (FERPA).

This _____ day of _____
Date Month/Year

Parent/Guardian Signature

FOR OFFICE USE ONLY

Enrollment Date: _____
Date Mailed/Faxed: _____