

AUTHORIZATION FOR RELEASE/EXCHANGE OF RECORD INFORMATION

PLEASE COMPLETE THIS REQUEST BY LEGIBLY PRINTING IN THE APPROPRIATE SPACES.

Release effective until otherwise notified.

GU.3-134-22					
SCHOOL USE ONLY:					
DATE SENT					
MailFAXINDV					

Student Name: La	st	First	Middle	e Maiden	
Street Address		City	State	Zip Code	
Area Code and Telephone Number		Date of Birth			
Current/Last School Attended			 Date (Graduated/Withdrew	
I HEREBY AUTHORIZE ROANOKE COUNTY PUBLIC SCHOOLS TO RELEASE OR EXCHANGE INFORMATION WITH:					
Name				Telephone Number	
Complete Address					
I HEREBY AUTHORIZE ROANOKE COUNTY PUBLIC SCHOOLS TO RELEASE OR EXCHANGE THE FOLLOWING INFORMATION:					
Official Scholastic Record (names; address; birth date; grade level completed; grades; class standing; attendance record; standardized achievement test scores; school, community activities; work experience)					
Health-Physical Fitness Data: Certificate of Immunization					
Intelligence, Aptitude, Interest Test Scores					
Social History (if available)					
Legal, Psychological, Psychiatric, and Medical Reports (if applicable)					
State required reports of evaluations and other pertinent reports and programs for exceptional students					
Release student-athlete transcripts to coaches/colleges/recruiters					
Other					
The reason for this disclosure is:					
I understand that I have the right to request a hearing to challenge the content and accuracy of the school record requested.					
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Date		arent/Guardian/Eligible	Student Signature		
Return information to:					