



AUTHORIZATION TO RELEASE CONFIDENTIAL STUDENT INFORMATION

Student Full Name (Please Print): _____ Date of Birth: ____/____/____

Parent/Guardian Name (Please Print): _____ School: _____

- ☒ I authorize the persons or agencies listed below to release confidential records, medical, health and educational information and/or other confidential student information (as identified below) for the above student.

SCHOOL/AGENCY RELEASING RECORDS (PLEASE PRINT):

School/Organization: _____ Phone: _____

City: _____ Fax: _____

School Contact Email: _____ State: _____ Zip Code: _____

THESE RECORDS MAY BE FORWARDED TO (PLEASE PRINT):

School/Organization: Fulton County Schools

City: Atlanta State: GA Zip Code: 30339

Email: FindYourFuture@fultonschools.org

- ☒ Release of student information will be reciprocal between persons/agencies listed above (Please check box).

- ☒ I understand that signing this authorization is voluntary and may be revoked at any time by providing a written notice to Fulton County School System. The withdrawal of this authorization does not affect any student information disclosed prior to this written notice.

- ☐ This authorization expires: ____/____/____
(insert applicable date or if blank, consent expires 12 months from date signed on this release)

The following information will be released/exchanged (Check All That Apply):

EDUCATIONAL RECORDS

☒ All Student Educational Records

- ☐ Enrollment
- ☐ Withdrawal
- ☐ Attendance
- ☐ Behavior
- ☐ Grades/Progress reports
- ☐ Immunization
- ☐ Official Transcript
- ☐ Student Intervention Team records/minutes/plans
- ☐ Other: Any gifted eligibility, RTI documents

SPECIAL EDUCATION RECORDS

☒ All Special Education Evaluation and Records

- ☐ Educational Evaluation/Student Achievement
- ☐ IEP Meeting Minutes
- ☐ Individualized Education Plans (IEP)
- ☐ Consent for Placement
- ☐ Consent for Evaluation
- ☐ Adaptive Behavior reports or checklists
- ☐ Behavioral reports or checklists
- ☐ Transition Plan
- ☐ Eligibility Report for all Categories of Disability
- ☐ Developmental/Social/Behavioral History
- ☐ Other: _____
- ☐ Other: _____

SPECIALIZED EVALUATIONS AND RECORDS

☒ All Specialized Evaluation and Records

- ☐ Psychological
- ☐ Neuropsychological
- ☐ Treatment Plan/Recommendations
- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ Speech/Language
- ☐ Vision
- ☐ Hearing
- ☐ Otological
- ☐ Audiological
- ☐ Other: _____

MEDICAL EVALUATION AND RECORDS

☒ All Medical Records

- ☐ Psychiatric
- ☐ Diagnoses
- ☐ Medications
- ☐ Educational Impact Summary
- ☐ Discharge Summary
- ☐ Outpatient Treatment Plan
- ☐ Other: _____
- ☐ Other: _____

FCS Authorization To Release Confidential Student Information

Parent/Guardian Signature: _____ Date: ____/____/____