

# Frederick County Public Schools

## PURPOSE OF AUTHORIZATION FOR THE RELEASE OF INFORMATION

Open communication between home, school and other persons or agencies supports your child in successfully accessing his/her education. Recognizing your rights regarding release and sharing of student records as outlined in FCPS Regulation 400-20, we are seeking your authorization as stipulated below:

Student Name:

Date of Birth:

School:

Grade:

Records to be released: (Check all that apply)

- Health/Medical
- Special Education
- Psychological and counseling
- Academic
- Other

Disclosed information will be used to: (Check all that apply)

- develop care plans appropriate to the school setting
- design appropriate educational programs
- assess the impact of medical/mental health condition(s) on school performance and/or attendance
- share and discuss observations/concerns relative to behavior
- share and discuss observations/concerns relative to academic performance
- Other

**I hereby authorize the mutual exchange of confidential information and the release of records among and between the Frederick County Public Schools and the person(s) or agency listed below:**

Person or Agency:

Point of Contact:

Phone #:

Fax #:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date