

AUTHORIZATION TO REQUEST/RELEASE STUDENT RECORDS

MONTGOMERY COUNTY PUBLIC SCHOOL
ROCKVILLE, MD 20850

INSTRUCTIONS: This form is used to request student records. Parent/Guardians should complete Part 1 and 2 below. Originals will be forwarded to the agency/school releasing records. A copy should be filled in the student's cumulative folder and retained for three (3) years.

Part 1: Records whom are being Requested

Name _____
Last First MI
ID# Grade Date of Birth

Part 2: Agency/School to SENDING Records

Name: _____
Address: _____
Required * Name of registrar or staff Sending Files _____
Required * Email of Registrar or staff Sending Documentation _____
Phone # of Sending School _____
Fax # of Sending School _____

Part 3: MCPS School to Receive Records

MAGRUDER HIGH SCHOOL

Send email to:

Mrs. Gassaway-Fields, Register (Donte_D_Gassaway-Fields@mcpsmd.org)

& Mrs. Ramirez (Araceli_P_Ramirez@mcpsmd.org)

5939 Muncaster Mill Road

Rockville, MD 20855

Phone: 240-740-5560

Fax #301-548-5745

Part 4: Records/information being requested

- Academic Records Health Records Confidential Records
 Other (specify)

Part 5: Authorization- student records may be provided to officials of school system in which the student intends to enroll without written consent of the parent/guardian or eligible student

(COMAR 13A.08.02.19)

For Office Use Only

Recordkeeper/register submitted Request-
Records Requested _____
Records Sent _____
Records Received _____

Comments

**AUTHORIZATION TO REQUEST/RELEASE STUDENT
RECORDS**

MONTGOMERY COUNTY PUBLIC SCHOOL
ROCKVILLE, MD 20850

Intentionally left Blank

Intentionally Left Blank