Autho	orization to Student Office of Shared Rockville, Mar MONTGOMERY COUN	Records Accountability yland 20850		25 Form 550-2 June 2016
FAX TRANSMITTAL				
Date/ To: (school name)		5		1 3 ,
From: (school name) Subject:				
If you do not receive all of the pages, r				
Name			Phone	
E-mail address:				
INSTRUCTIONS: This form is used to request student records. Parent/Guardian should complete Parts I and II below. Record Keepers/Registrars should complete Part III and IV. Original should be forwarded to the agency/school releasing records. A copy should be filed in the students cumulative folder and retained for three (3) years . PART I: Student for Whom Records Are Requested				
PART I: Student for Whom Record	is Are Requested			
Last Name				MI
State ID# M		Grade Date of I	Birth//	
Student Address				
PART II: Agency/School to SEND F	lecords			
Name				
Address				
Fax # of sending School Phone # of sending School				
PART III: MCPS School to RECEIVE Records				
Record Keeper/Registrar Name				
Address				
Requested by:				
Parent/Guardian/Eligible Student Name				
Phone Number Fax Number				
PART IV: Records/Information Needed for Enrollment				
□ Academic Records □ Health Records □ Proof of Age (Evidence of Birth)				
La Information for Placement, i.e., Key to Grading La Confidential Records (if applicable)				
Documentation of legal name chang through state or federally issued ide	ge pursuant to a court order, ntification (if applicable).	birth certificate demonstrat	ing the student's new r	name, or
Documentation of gender designation change pursuant to a court order or documentation from a medical professional (if applicable).				
Other (specify)				
PART V: Authorization				
Student records may be provided to officials of a school or 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 OFFICIA	L USE ONLY		
Record Keeper/Registrar Submitt				
Records Requested Date/	_/ COMMENTS			
Records Sent Date/	_/			
Records Received Date/	_/			