



Authorization to Request/Release Student Records

Montgomery County Public Schools
Rockville, Maryland 20850

MCPS Form 550-2
January 2009

FAX TRANSMITTAL

To:	TOTAL NUMBER OF PAGES SENT, Including this cover page:
From:	
Subject:	If you do not receive all of the pages, please call:
	Name LeeAnn Geisler, Registrar
	Number: 301- 444 - 3594

INSTRUCTIONS: This form is used to request student records. Parent/Guardian should complete Parts I and II below. Recordkeepers/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

Name _____ Last _____ First _____ MI _____

ID# _____ Grade _____ Date of Birth _____

PART II: Agency/School to SEND Records	PART III: MCPS School to RECEIVE Records
Name	Name Clarkurg High School
Address	Address 22500 Wims Road Clarksburg, MD 20871
Fax # of sending school	Fax: 301-444-3594
Phone # of sending school	

PART IV: Records/Information Needed to Determine Correct Placement (include key to grading system)

- Academic Records Health Records Confidential Records
- Other (specify) Discipline Record

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 OFFICIAL USE ONLY

Recordkeeper/Registrar Submitting Request	COMMENTS
Records Requested _____ / _____ / _____ Date	
Records Sent _____ / _____ / _____ Date	
Records Received _____ / _____ / _____ Date	