



Marion County
Public Schools

*Developing Successful Citizens-
Every Student, Every Day*

PERMISSION TO RELEASE INFORMATION

Regarding Student: _____ DOB: _____ Grade: _____

PART I: SCHOOL SYSTEM AUTHORIZATION TO RELEASE INFORMATION TO OUTSIDE PARTY

Permission is granted to the Marion County School Board and its authorized agents to release to:

Agency or Individual: _____

Address: _____ City: _____ State/Zip: _____

Telephone#: _____ Fax#: _____ Email: _____

The following information related to the captioned student:

- ☐ Transcript information only
☐ Official student record file
☐ Special records (specify): _____
☐ Other (specify): _____

I understand that I have the right to review all of my child's records and am entitled to a copy of the records to be forwarded prior to their release at the cost established by the School Board, if I so indicate. I also understand that I have a right to record review hearings to challenge the content of my child's records and may do so by contacting the principal of the school my child is attending or the Superintendent/designee.

*Parent/guardian printed name: _____ Signature: _____

Relationship: _____ Date: _____

PART II: OUTSIDE PARTY AUTHORIZATION TO RELEASE INFORMATION TO SCHOOL SYSTEM

To: _____

Address: _____ City: _____ State/Zip: _____

Telephone#: _____ Fax#: _____ Email: _____

Permission is granted to release to the Marion County School Board and its authorized agents any medical, psychological, social, or educational information relating to the captioned student.

Requested information should be sent to:

Name: _____ Title: _____ School: _____

Address: _____ City: _____ State/Zip: _____

Telephone #: _____ Fax#: _____ Email: _____

*Parent/guardian printed name: _____ Signature: _____

Relationship: _____ Date: _____

*Student may grant permission if 18 years of age, or attending a post-secondary institution as permitted by the Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99)