



**CECIL COUNTY PUBLIC SCHOOLS
CONSENT TO RELEASE RECORDS**

This form is provided by _____
(School)

For the purpose of obtaining/releasing records concerning the following student:

Name of Student: _____

Date of Birth: _____ Grade Level: _____

Type of Record:

- School Information
 - Individualized Education Program (IEP)
 - Individualized Family Service Plan (IFSP)
 - Section 504
 - ESOL information (including ELP Scores and EL Plan)
- Health Information
- Other _____

I hereby authorize _____
(Name of School/Agency Releasing Records)

to release records for the above named student to:

(Name of Receiving School or Agency)

(Address)

The purpose for which these records will be used: _____

Information disclosed under this authorization may not be disclosed to any other party without the prior written consent of the parent or eligible student.

Ref. COMAR 13A.08.02.18 "Prior Consent for Disclosure Required."

(Parent/Legal Guardian)

(Relationship to Student)

(Student Signature if 18 Years of Age or Older)

(Date)

(Address)
