

Form JBC-8

**AUTHORIZATION TO RELEASE RECORDS**

**This form must be fully completed.**

**Please Print or Type**

**REQUEST FOR PUPIL RECORDS**

I hereby authorize:

|  |  |
| --- | --- |
| Name of last school attended: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | Phone: |  |

|  |  |  |
| --- | --- | --- |
|  | FAX: |  |

to release all records, including academic, disciplinary, and Special Education/504 records (if applicable) of:

|  |
| --- |
|  |

Student’s Last Name First Name Middle Name

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Student’s Date of Birth: |  | / | / |  | Student’s Current Grade Level: |  |

The records are to be released for the purpose of enrollment in the Cobb County School District and in compliance with O.C.G.A. § 20-2-670.

Signature of Parent/Guardian or Eligible Student (Student required if 18 or older)\* Date

\*Under the Family Educational Rights and Privacy Act (FERPA), 34 CFR 99.31, consent is not required when disclosure is made to officials of another school, school system, or institution of postsecondary education where the student seeks or intends to enroll, or where the student is already enrolled so long as the disclosure is the purposed related to the student’s enrollment or transfer.

**PLEASE SEND THE FOLLOWING RECORDS TO:**

|  |  |
| --- | --- |
| School: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | Phone: |  |

|  |  |  |
| --- | --- | --- |
|  | FAX: |  |

Cumulative Record  Test Data

Report Card  Discipline Record

Immunization Record  Special Education/504 Records

ESOL/ESL Records (most recent test scores, program entry and/or exit date, current ESOL/ESL status, and Home Language Survey)

***If not eligible for ESOL/ESL services: provide assessment used to screen the students (date, scores, and name of assessment)***

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| --- |
|  |

Name of School Official Requesting Records (Please Print)

Signature of School Official Requesting Records Title