



AUTHORIZATION TO RELEASE CONFIDENTIAL STUDENT INFORMATION

Student Full Name (Please Print): _____ Date of Birth: ____/____/____

Parent/Guardian Name (Please Print): _____

I authorize the persons or agencies listed below to release confidential records, medical, health and educational information and/or other confidential student information (as identified below) for the above student.

PERSON/AGENCY RELEASING RECORDS (PLEASE PRINT):

Name/Organization: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip Code: _____

THESE RECORDS MAY BE FORWARDED TO

Autrey Mill Middle School 4110 Old Alabama Road Johns Creek, GA 30022 ATTN: Ms. Unnur Kornmayer, Registrar	office: 470-254-8244 fax: 470-254-7630 kornmayer@fultonschools.org
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Release of student information will be reciprocal between persons/agencies listed above (Please check box).

I understand that signing this authorization is voluntary and may be revoked at any time by providing a written notice to Fulton County School System. The withdrawal of this authorization does not affect any student information disclosed prior to this written notice.

This authorization expires: ____/____/____
 (insert applicable date or if blank, consent expires 12 months from date signed on this release)

The following information will be released/exchanged (Check All That Apply):

<p>EDUCATIONAL RECORDS</p> <p><input type="checkbox"/> All Student Educational Records</p> <ul style="list-style-type: none"> <input type="radio"/> Enrollment <input type="radio"/> Withdrawal <input type="radio"/> Attendance <input type="radio"/> Behavior <input type="radio"/> Grades/Progress reports <input type="radio"/> Immunization <input type="radio"/> Official Transcript <input type="radio"/> Student Intervention Team records/minutes/plans <input type="radio"/> Other: _____ <p>SPECIAL EDUCATION RECORDS</p> <p><input type="checkbox"/> All Special Education Evaluation and Records</p> <ul style="list-style-type: none"> <input type="radio"/> Educational Evaluation/Student Achievement <input type="radio"/> IEP Meeting Minutes <input type="radio"/> Individualized Education Plans (IEP) <input type="radio"/> Consent for Placement <input type="radio"/> Consent for Evaluation <input type="radio"/> Adaptive Behavior reports or checklists <input type="radio"/> Behavioral reports or checklists <input type="radio"/> Transition Plan <input type="radio"/> Eligibility Report for all Categories of Disability <input type="radio"/> Developmental/Social/Behavioral History <input type="radio"/> Other: _____ <input type="radio"/> Other: _____ 	<p>NOTES:</p>
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Parent/Guardian Signature: _____ Date: ____/____/____