

AUTHORIZATION LIST

SCHOOL NAME: _____

PRINCIPAL'S NAME: _____

The individuals listed below are authorized to access my school's records currently stored in the Records Management Department:

NAME OF EMPLOYEE

TITLE

(Principal's Signature)

(Date)

Please understand that access to your school's records will be denied to any person whose name does not appear on this Authorization List unless that person has written approval from the school's principal. If you need to modify this information or have questions regarding this authorization, please contact Tishangi Bennett at bennett@fultonschools.org, 404-669-8996.