



AUTHORIZATION TO RELEASE CONFIDENTIAL STUDENT INFORMATION

Student Full Name: _____
First Middle Last Gen.(Jr, II etc.)

Parent/Guardian Name: _____
First Middle Last Gen.(Jr, II etc.)

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: _____

Address: _____

Phone: _____ Fax: _____
City State Zip

THESE RECORDS MAY BE FORWARDED TO (PLEASE PRINT):

Name/Organization: Northwestern Middle School, Attn: Student Records

Address: 12805 Birmingham Highway, Milton, GA 30004

Phone: 470-254-8516 Fax: 470-254-3036 email: NMSNewstudentrecords@fultonschools.org

Release of student information will be reciprocal between persons/agencies listed above (please check the box)

By checking the box above, 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):

Educational Records

- All Student Educational Records
 - Enrollment
 - Withdrawal
 - Attendance
 - Behavior
 - Grades/Progress reports
 - Immunization
 - Official Transcript
 - Student Intervention Team records/minutes/plans
 - Other: _____

Special Education Records

- All Special Education Evaluation and Records
 - Educational Evaluation/Student Achievement
 - IEP Meeting Minutes
 - Individualized Education Plans (IEP)
 - Consent for Placement
 - Consent for Evaluation
 - Adaptive Behavior reports or checklists
 - Behavioral reports or checklists
 - Transition Plan
 - Eligibility Report for all Categories of Disability
 - Developmental/Social/Behavioral History
 - Other: _____

Specialized Evaluations and Records

- All Specialized Evaluation and Records
 - Psychological
 - Neuropsychological
 - Treatment Plan/Recommendations
 - Occupational Therapy
 - Physical Therapy
 - Speech/Language
 - Vision
 - Hearing
 - Ontological
 - Audiological
 - Other: _____

Medical Evaluation and Records

- All Medical Records
 - Psychiatric
 - Diagnoses
 - Medications
 - Educational Impact Summary
 - Discharge Summary
 - Outpatient Treatment Plan
 - Other: _____

Parent/Guardian Signature: _____

Date: __/__/____