

REQUEST FOR EDUCATION RECORDS

The Family Educational Rights and Privacy Act (FERPA) and the Georgia Student Data Privacy, Accessibility, and Transparency Act afford parents/guardians and students over 18 years of age ("eligible students") certain rights with regard to the student's school records including access to those records.

Name of Requesting Parent/Guardian/Eligible Student*: _____

Date of Request: _____ Phone number where parent/guardian may be reached: _____

Student Name: _____ Date of Birth: _____

Current Grade: _____ Current School: _____

I hereby request that the Cobb County School District release the following education records of the student named above to me. I am the biological parent or legal guardian of this student. My parental/guardianship rights have not been terminated and there is no court order or agreement that states that I may not have access to information or records about my son/daughter.

REASON FOR REQUEST:

- Personal Use
- Release to Third Party - Name/Organization: _____
- Address: _____
- City: _____ State: _____ Zip: _____

The purpose of this release request to a third party is (Check All That Apply):

- Educational Planning and Continuity of Care
- Medical Problems Related to Learning
- Ongoing communication/consultation
- Social/Emotional/Behavioral Concerns
- Other (specify): _____

SPECIFIC RECORDS NEEDED: (Check all records you are seeking):

- | | |
|---|--|
| <input type="checkbox"/> Academic Records | <input type="checkbox"/> Special Education Records** (if applicable) |
| <input type="checkbox"/> Enrollment Records | <input type="checkbox"/> 504 Records** (if applicable) |
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Gifted Records (if applicable) |
| <input type="checkbox"/> Clinic Visit Records† | <input type="checkbox"/> IEL/ESOL Records (if applicable) |
| <input type="checkbox"/> Discipline Records | <input type="checkbox"/> RTI/SST Records (if applicable) |
| <input type="checkbox"/> Other (specify): _____ | |

<p>PLEASE NOTARIZE</p> <p>Sworn to and subscribed before me this _____ day of _____, 20____.</p> <p>Notary Public: _____</p>	<p>Parent/Guardian/Eligible Student Name: _____ (Please Print)</p> <p>Parent/Guardian/Eligible Student Signature: _____</p> <p>Date: _____</p>
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* If the school receives a request for records from a party other than parents/guardians or eligible student, contact Student Support.

** If this box is checked, please send or fax (678-594-8630) this form to the Special Education/504 Records office. Special Education/504 Records will release special education records as indicated above.

† If this box is checked, please contact the School Health Services office. School Health Services will provide the appropriate records to the local school for release.