

**RELEASE FOR SCHOOL RECORDS**

Student: \_\_\_\_\_ School: Charlotte Mecklenburg Schools

Parent/Guardian: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

This is an authorization for the release of records pursuant to the Family Educational Rights and Privacy Act, 20 USC Sect. 1232g, Individual with Disabilities Act, 20 USC Sect. 1400 et. Seq. and Volume 34 of the Code of Federal Regulations, Part 99 and 300.

I, hereby request that all school records on my child be released to the Center for Children's Defense, Specifically \_\_\_\_\_, or anyone sent on his or her behalf, 601 East 5<sup>th</sup> Street, Suite 510, Charlotte, NC 28202.

Specifically, I request the following parts of the record be released:

- complete file
- health record
- transcripts
- special education evaluation materials
- Psychological records
- standardized test results
- all discipline records

This specifically includes not only your own documents, but also all other material obtained from other agencies, i.e. "re-releases" of such material. With this authorization, and pursuant to 42 CFR Part II, you are directed to release all such information from other agencies without any omissions or deletions.

If any information contained in either the cumulative or confidential files is omitted or not included, such as personal notes, test protocols, or other writings, please identify the documents by date, author and description and explain the basis for not producing the information.

This release expires upon written notice to \_\_\_\_\_ or the Center for Children's Defense, 601 East 5<sup>th</sup> Street, Suite 510, Charlotte, NC 28202. I have received a copy of this release.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date