

**Baltimore County Public Schools  
CONSENT FOR RELEASE OF RECORDS**

1. I hereby authorize \_\_\_\_\_  
Name of School, Individual, or Agency

Street \_\_\_\_\_ Post Office \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

To release information concerning:

\_\_\_\_\_  
Name of Student (Full Legal Name)

2. Type of record(s) to be released:

School and/or health records

Transcript for post-secondary education

Transcript for employment

other; specify \_\_\_\_\_

3. Reason for release of record(s), if other than transcript: \_\_\_\_\_

4. Record(s) to be released to the following:

5. Date sent:

Name *Sparks Elementary School* Address \_\_\_\_\_

*601 Belfast Road*  
Name *Sparks, MD 21152* Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

(Use reverse side for additional recipients)

I understand that the recipient of the record(s) will use the material for legitimate interests only and that the information contained therein shall not be further transferred or communicated to any other party or agency without my written consent except under authority of Public Law 93-380, Educational Rights and Privacy Act.

Date \_\_\_\_\_ Signature of parent or legal guardian or, if student is age 18 or over, the signature of the student.

**NOTE:** All material contained in the student's record is accessible to the student and/or the parent(s) subject to applicable policies of the Board of Education of Baltimore County.

**RETAIN IN SCHOOL RECORD**