

Baltimore County Public Schools  
CONSENT FOR RELEASE OF RECORDS

1. I hereby authorize \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

To release information concerning: Student's Full Legal Name (Please Print)

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_\_

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

\_\_\_\_\_ Academic and Disciplinary records, including most recent Transcript & Report Card.  
Please include All Student Records Cards (SR Cards), including HSA Scores!

\_\_\_\_\_ Health & Immunization records.

\_\_\_\_\_ Most recent IEP (Individualized Education Plan) or 504 Plan, most recent Assessment and all pertinent Special Education records, if applicable.

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

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

Franklin High School  
Records Office  
12000 Reisterstown Road  
Reisterstown, MD 21136

Phone: 410.887.1121  
Fax: 410.833.4434

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