

Authorization for Release of Student Records

I hereby give permission for the Lake George Charter School to release records of:

Last Name First Name Middle Name / Date of Birth

To: _____

Street Address / City / State / Zip Code

The following records are authorized to be released:

- | | |
|---|--|
| <input type="checkbox"/> School Records | <input type="checkbox"/> Psychological/Sociological |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Risk/Threat Assessment |
| <input type="checkbox"/> Standardized Test Data | <input type="checkbox"/> Other (describe on separate page) |
| <input type="checkbox"/> Medical Records | |

Important: The person or agency receiving these records must not (except as authorized by federal law) transfer the information obtained to any other person or agency without obtaining the written consent of the parent/guardian, or of the student, if 18 years of age or older. Pursuant to Public Law 93-380, you are hereby notified that you have the right to inspect the educational records, to have a copy of said records if you wish to pay the cost of duplication, cost of mailing, and to challenge the content of said records on the grounds that they may be inaccurate, misleading, or inappropriate.

_____ I certify that I am the parent/guardian of the person who is the subject matter of the records listed above, and that said person is under the age of 18 years.

_____ I certify that I am over 18 years of age, and I am the person who is the subject matter of the records listed above.

Please mail records to:

Street Address / City / State / Zip Code

Signature

Relationship to Student (if other than the student)

Date

This authorization will be kept on file pursuant to Public Law 93-380.