CONSENT FOR RELEASE OF STUDENT RECORDS IN SUPPORT OF POSTSECONDARY APPLICATIONS

Instructions for Use: This form is to be used by parents and/or guardians and students aged 18 or older to authorize Fairfax County Public Schools (FCPS) to release student records and related information to support student applications to colleges, universities, scholarship sponsors, employers, or other similar organizations. This consent form needs to be signed only once. The student, parent and/or guardian will use a separate form, your school's transcript request form, to identify all schools and organizations to which records may be sent.

CONSENT

By my signature below, I authorize FCPS to release to any school or organization identified by me on my school's transcript request form any of my school records or other information about me that is requested by the school or organization in support of my application. This may include, but is not limited to, my transcript, other school records, and any letters of recommendation written by FCPS employees. However, this authorization specifically excludes the release of discipline information.

By my signature below, I also authorize FCPS employees, including but not limited to, administrators, teachers, and counselors, to communicate with and respond to inquiries from the school or organization concerning my application and my credentials.

FCPS may release the required records and information by electronic or other means directly to the school or organization or to a service used by the school or organization to facilitate its application process. These services include, but are not limited to, the National Collegiate Athletic Association Eligibility Center, Common Application, Naviance, and/or Family Connection, Coalition for Access, Affordability, and Success, and other services approved by FCPS.

I also understand that I have the right to review or have copies of any records that FCPS transmits to the school or organization. If I have responded yes to the statement below, however, I have waived the right to review or have copies of any letters of recommendation written by FCPS employees.

If an application requires or requests a student's social security number (SSN), FCPS staff members should not enter the student's SSN on his or her behalf.

☐ Yes, I waive my right to review or have copies of any letters of recommendation written by FCPS employees.

☐ No, I do not waive my right to review or have copies of any letters of recommendation written by FCPS employees.

My signature below confirms that I have read and understand this consent form.

Note: Both parent and/or guardian and student are required to sign this form. Parent and/or guardian signature is not required, if the student is aged 18 or over and attending a postsecondary school.

Name of Student (Please print) _____ Student ID _____ Date _____

Signature of Student _____ Signature of Parent and/or Guardian _____