

Consent to Access Student Records

MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland

The Family and Educational Rights Act (FERPA), 20 U.S.C. §1232g; 34 CFR §99.30, specifies that prior written, signed, and dated consent is required for the release of student records to a third party. This form authorizes Montgomery County Public Schools to provide third-party access to specific student records.

PART I: STUDENT FOR WHOM RECORDS ARE REQUESTED

Student's Name: Last _____ First _____ MI _____
MCPS ID# _____ Grade _____ Date of Birth (mm/dd/yy) ____/____/____
School _____
Parent/Guardian Name: Last _____ First _____
Phone #: ____-____-____ Email: _____

PART II: INDIVIDUAL TO RECEIVE ACCESS TO STUDENT RECORDS

Name of Individual: _____
Organization/Agency (if applicable): _____
Phone #: ____-____-____ Email: _____

PART III: PURPOSE AND DURATION OF DISCLOSURE

Purpose

- ☐ Language Translation
- ☐ Educational Advocacy
- ☐ Legal Representation
- ☐ Host Family (J-1 or F-1 Student Visas)
- ☐ Family Communications
- ☐ Other (please specify): _____

Duration of consent (Select One)

- ☐ Academic year ____-____ (year-year)
- ☐ Academic semester
 - ☐ Fall ____ (year)
 - ☐ Spring ____ (year)
- ☐ From ____/____/____ to ____/____/____ (mm/dd/yy)
- ☐ Other (please specify): _____

PART IV: TYPE OF INFORMATION TO BE ACCESSED

- ☐ Grades
- ☐ General School Communications (i.e., ParentSquare) and Student Information Parent Portal (ParentVUE)
- ☐ Sports Enrollment Information
- ☐ School Health Records
- ☐ Disciplinary Information
- ☐ Other: _____

THIS SECTION IS ONLY IF YOU SELECTED HOST FAMILY FOR PURPOSE.

PART V: CONTACT INFORMATION FOR HOST ORGANIZATION AND/OR HOST FAMILY

Organization Name: _____

Phone #: _____ - _____ - _____ Email: _____

IF KNOWN:

Host Parent's Name: Last _____ First _____ MI _____

Phone #: _____ - _____ - _____ Email: _____

PART VI: AUTHORIZATION

I hereby authorize Montgomery County Public Schools to provide access to the student record(s) selected in Part IV above relating to the above-named student, to the individual(s) or organization(s) listed. I understand that in doing so, the information maintained in the student records otherwise protected by FERPA may be disclosed verbally, digitally, in writing, or other means. I understand that my consent is voluntary, and I may revoke this access at any time by providing a written request to MCPS.

Signature, Parent/Guardian/Eligible Student _____ Date ____/____/____

Name, Parent/Guardian/Eligible Student _____