RELEASE OF STUDENT DATA/RECORDS

The parent/legal guardian of any student enrolled in Maggie L. Walker Governor's School may authorize the release of their student's data/records to any individual or Agency upon completion and execution of the Consent for Release of Student Data/Records form accompanying this policy.

This form may be used by the Departments of Health, Social Services, Juvenile Justice, and Behavioral Health and Development Services.

Adopted: November 14, 2013

Legal Ref.: Code of Virginia, 1950, as amended, §22.1-79 (3)(H)

CONSENT FOR RELEASE OF STUDENT DATA/RECORDS

Student Name:	Date of Birth
Maggie L. Walker Governor's School Studen	at Address
Home Telephone #:	
Parent/Legal Guardian (1) Mobile Telephone	#
Parent/Legal Guardian (2) Mobile Telephone	#
identified below identifying educational/med listed above. I understand that in addition t also contain health information pertaining t	School to release to the individual or Agency ical data and records (the "Records") of the student to educational records and data, such Records may o diagnosis and treatments, immunization records, data, referrals to student service teams, as well as atted to mental health interventions.
Time Period During Which Re	elease of Student/Data is Authorized:
From : Date that form is signed below.	
Until:	
Name of Authorized Individual or Agency	
Name and Title	
Agency Name (if applicable)	
Address (1)	
Address (2)	
Email Address	
Phone Number	
Fax Number	

Signature of Parent/Guardian	
Name of Parent/Guardian	
Relationship to Student	
Date	
Witness	