

## **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

Amended: August 20, 2020

---

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 Student Address \_\_\_\_\_

Home Telephone #: \_\_\_\_\_

Parent/Legal Guardian (1) Mobile Telephone # \_\_\_\_\_

Parent/Legal Guardian (2) Mobile Telephone # \_\_\_\_\_

I authorize Maggie L. Walker Governor's School to release to the individual or Agency identified below identifying educational/medical data and records (the "Records") of the student listed above. I understand that in addition to educational records and data, such Records may also contain health information pertaining to diagnosis and treatments, immunization records, suspensions/office referral data, attendance data, referrals to student service teams, as well as written communications with school staff related to mental health interventions.

### Time Period During Which Release 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** \_\_\_\_\_