 Form JCAB-3

**RELEASE OF INFORMATION**

**TO PROBATION OFFICERS**

**AUTHORIZATION TO THE COBB COUNTY SCHOOL DISTRICT FOR**

**RECORDS, INFORMATION, MEETINGS AND DRUG TESTING**

1. **RECORDS/INFORMATION:**

The Cobb County School District is hereby authorized to release information/records regarding the following student to an Officer of the Juvenile Court of Cobb County and/or an Employee of the

Department of Juvenile Justice.

STUDENT’S FULL NAME

|  |  |  |  |
| --- | --- | --- | --- |
| (PLEASE PRINT): |  | D.O.B. |  |

Last First Middle

|  |  |
| --- | --- |
| SCHOOL: |  |

SPECIFIC INFORMATION/RECORDS NEEDED

(Parent/Guardian/Custodial Agency/Student (if 18 or older) must initial all that apply):

|  |  |  |
| --- | --- | --- |
| ( ) Academic Records | | ( ) Special Education Records\*\* (if applicable) |
| ( ) Enrollment Records | | ( ) 504 Records\*\* (if applicable) |
| ( ) Attendance Records | | ( ) Gifted Records (if applicable) |
| ( ) Clinic Visit Records† | | ( ) IEL/ESOL Records (if applicable) |
| ( ) Discipline Records | | ( ) RTI/SST Records (if applicable) |
| ( ) Other (specify): |  | |

\*\* If the school receives a request for records from a party other than parents/guardians or eligible student, contact Student Support.

\*\* If this box is checked, please send or fax (678-594-8570) this form to the Special Education/504 Records office. Special

Education/504 Records will release special education records as indicated above.

\* † If this box is checked, please contact the School Health Services office. School Health Services will provide the appropriate

records to the local school for release.

**THESE RECORDS SHOULD BE FORWARDED TO:**

( ) (Parent/Guardian/Custodial Agency/Student (if 18 or older) initials)

School Records

Juvenile Court of Cobb County

CCJCSchoolRecords@cobbcounty.org

32 Waddell Street

Marietta, GA 30090

( ) (Parent/Guardian/Custodial Agency/Student (if 18 or older) initials

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name)

Department of Juvenile Justice of Cobb County

1770 The Exchange

Suite 100

Marietta, GA 30339

Reason for request: assistance in case management. The party receiving the above specified records acknowledges that information from these records cannot be disclosed to any other party without my prior consent.

1. **MEETINGS:**

(Parent/Guardian/Custodial Agency/Student (if 18 or older) initials required)

( ) I give consent for the student’s Probation Officer to meet with the student at school without

notifying me in advance and outside the presence of a school employee.

1. **DRUG SCREENS:**

(Parent/Guardian/Custodial Agency/Student (if 18 or older) initials required)

( ) I give consent for the student’s Probation Officer to perform drug screens at school without

notifying me in advance and outside the presence of a school employee.

Date of Disposition Hearing:

This authorization is effective on (date) , and terminates one year from today or on the student’s 18th birthday (if the student is not yet 18), whichever is sooner.

Signature of Parent/Guardian/Custodial Agency

(documentation attached)/Student (if 18 or older, only the student may give permission)

Date