 Form JR-3

REQUEST FOR EDUCATION RECORDS

The Family Educational Rights and Privacy Act (FERPA), the Georgia Student Data Privacy, Accessibility, and Transparency Act, and Georgia’s Parent Bill of Rights afford parents/guardians and students over 18 years of age (“eligible students”) certain rights with regard to the student’s school records including access to those records.

|  |  |
| --- | --- |
| Name of Requesting Parent/Guardian/Eligible Student\*: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Request: |  | Phone number where parent/guardian may be reached: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name: |  | Date of Birth: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Current Grade: |  | Current School: |  |

I hereby request that the Cobb County School District release the following education records of the student named aboveto me. I am the biological parent or legal guardian of this student. My parental/guardianship rights have not been terminated and there is no court order or agreement that states that I may not have access to information or records about my son/daughter.

**REASON FOR REQUEST:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Personal Use |  | | | |  | |  | |
| Release to Third Party - Name/Organization: | | | |  | | | | |
|  | | | |  | | | | |
|  | | Address: | |  | | | | | |
|  | |  | |  | | | | | |
|  | | City: |  | | | State: |  | Zip: |  |

The purpose of this release request to a third party is (Check All That Apply):

Educational Planning and Continuity of Care

Medical Problems Related to Learning

Ongoing communication/consultation

Social/Emotional/Behavioral Concerns

|  |  |
| --- | --- |
| Other (specify): |  |

**SPECIFIC RECORDS NEEDED: (Check all records you are seeking):**

|  |  |  |
| --- | --- | --- |
| 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): |  | |

|  |  |
| --- | --- |
| **PLEASE NOTARIZE**  Sworn to and subscribed before me this \_\_\_\_\_\_day of \_\_\_\_\_\_\_\_, 20\_\_\_\_.  Notary Public:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Parent/Guardian/Eligible Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Please Print)  Parent/Guardian/Eligible Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\*\* 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 (678-594-8630) 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.