

## OCONEE COUNTY SCHOOLS

34 SCHOOL STREET, P.O. BOX 146 WATKINSVILLE, GA 30677 (706) 769-5130 (706) 769-3500 FAX

## OCONEE COUNTY SCHOOLS RECORDS RELEASE REQUEST

| Student Name   | Date of Birth  |
|--|--|
|  | Malcom Bridge Middle Schoo   |
| School Leaving   | School Entering  |
|  | 2500 Malcom Bridge Road  |
| School Address   | Malcom Bridge Middle School<br>School Entering<br>2500 Malcom Bridge Road<br>School Address Bogart, GA 30622 |
|  | 706-310-1992   |
| Telephone Number   | Telephone Number   |
| •  | 706-310-1993   |
| Fax Number   | Fax Number   |
|  |  |
|  | LEAGE COMOOL DECORDS   |
| AUTHORIZATION TO RE  | LEASE SCHOOL RECORDS   |
| To Whom It May Concern:  |  |
| I am the parent or guardian of                                 | , and I hereby authorize   |
| theSchool I  |  |
| District any and all educational, disciplinary, psychologic    |  |
| maintained by the district, or any school in the district rela | ating to my child. By signing this release, I waive  |
| any notice requirements related to the furnishing of my ch     | uild's educational records to the Oconee County  |
| School District pursuant to the Family Educational Rights      | and Privacy Act (FERPA).   |
|  |  |
| This day of  |  |
| This day of<br>Date Month/Year                                 | Parent/Guardian Signature  |
| •  |  |
|  |  |
| FOR OFFICE USE ONLY  |  |
| Enrollment Date:   |  |
| Date Mailed/Faxed:   |  |

