

Culpeper County Public Schools
Office of the Division Superintendent

471 James Madison Hwy, Suite 201 · Culpeper, Virginia 22701
Tel./TTY: (540) 825-3677 · Fax (540) 829-2111 www.culpeperschools.org

PERMISSION TO RELEASE OR EXAMINE STUDENT RECORD DATA

Full Name (name as it would appear on record): _____

Address: _____

Date of Birth: _____ Phone: _____

School: _____ Date of Graduation/Last Attendance Date: _____

(Circle One)

Records and information may be released or exchanged with the following person or agencies:

Name of Person/Agency: _____

Address: _____

Phone: _____ Fax: _____

Permission is hereby granted for Culpeper County Public Schools to release and/or exchange records and information on the above-named student. The release and/or exchange may include all of the cumulative and confidential records unless otherwise stated. Culpeper County Public Schools' student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or the eligible student.

If release and/or exchange are to be limited, specify limitations(s):

Eligible Student Signature: _____ Date: _____

Parent / Legal Guardian Signature (if student is under 18 years of age):

PLEASE CHECK ONE OF THE FOLLOWING:

RECORDS TO BE SENT

RECORDS TO BE PICKED UP

OFFICE USE ONLY

DATE REQUESTED: _____ **CHECKED BY (Initials)** _____

ID: (check one) Driver's License _____

Birth Certificate: _____ **Social Security # (last 4 digits)** _____

Date Completed/Comments: _____

RECORDS WILL BE RELEASED WITHIN TEN (10) ADMINISTRATIVE DAYS OF RECEIPT