



Manassas Park City Schools  
100 Park Central Plaza, Suite 300  
Manassas Park, VA 20111  
703-335-8850 – Main Office

**STATEMENT OF RELEASE**

Federal and State Law require that a Student Record Release Form be signed by a student who is eighteen (18) years of age or older. If the student is under eighteen (18) years of age, the student's parent(s) or guardian(s) must sign the Student Record Release Form.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle

Address (New address if student is moving) \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

**CHECK INFORMATION TO BE RELEASED:**

\_\_\_\_\_ Cumulative Record      \_\_\_\_\_ Scholastic Record      \_\_\_\_\_ Standard Test Record  
\_\_\_\_\_ Medical/Birth Certificate#      \_\_\_\_\_ Confidential (Category II)      \_\_\_\_\_ Other

Write name of school or agency to whom records are to be sent:

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip

I authorize, the release of \_\_\_\_\_'s records as  
Student's Name

checked above to \_\_\_\_\_.  
Name of school or agency

I understand that I have a right to review the records of my child and the right to request a copy of all information being forwarded per this request. I understand that I have a right to a hearing to contest any information contained in my child's record prior to the release of this information. This authorization of release of any records constitutes my notification of the release of the records as required under the provisions of Public Laws 98-380 and 94-142.

\_\_\_\_\_  
Date Signature of Parent or Guardian