



# WAKE COUNTY PUBLIC SCHOOL SYSTEM

## AUTHORIZATION FOR RELEASE OF RECORDS

**I hereby authorize school officials to send official student records/transcript for the following student.**

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

Current School \_\_\_\_\_  
(or last WCPSS school)

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Year of Graduation \_\_\_\_\_ **Or** Last Year of Attendance \_\_\_\_\_

Schools, Agencies or Individuals to Receive Record	Fee	Complete Address	Date Sent
	(Free for current students)*		
	(Free for current students)*		
	(Free for current students)*		
	\$5.00		
	\$5.00		
	\$5.00		
	\$5.00		
<b>*Currently enrolled high school students may receive three free transcripts each year upon request.</b>			

I understand that I may revoke this authorization at any time by providing my signed written notice to the appropriate Wake County Public School System officials. Absent such notice, this authorization shall expire on \_\_\_\_\_ (date).

I acknowledge that this form constitutes my written consent to the release of confidential student records and/or confidential personally identifiable information that is protected under the federal Family Educational and Privacy Rights Act (FERPA) and state law governing the confidentiality of student records and personally identifiable information contained in such records. I certify that I am (18) eighteen or more years old and that I have authority to execute this document regarding the identified education records.

\_\_\_\_\_  
Signature of Parent, Guardian, or Student 18 years old or older

\_\_\_\_\_  
Date

**In addition, I authorize school officials to release any psychological and/or health data that may exist regarding the above named student**

\_\_\_\_\_  
Signature of Parent, Guardian, or Student 18 years old or older

\_\_\_\_\_  
Date