Fairfax County PUBLIC SCHOOLS
ENGAGE • INSPIRE • THRIVE

CONSENT FOR RELEASE OF STUDENT RECORDS IN SUPPORT OF POSTSECONDARY APPLICATIONS

Instructions for Use: This form is to be used by parents and/or guardians and students aged 18 or older to authorize Fairfax County Public Schools (FCPS) to release student records and related information to support student applications to colleges, universities, scholarship sponsors, employers, or other similar organizations. This consent form needs to be signed only once per school year. The student, parent and/or guardian will use a separate form, your school's transcript request form, to identify all schools and organizations to which records may be sent.

CONSENT

By my signature below, I authorize FCPS to release to schools or organizations identified on the student's school transcript request form any school records or other information requested by the school or organization in support of the application. This may include, but is not limited to, transcript, other school records, and any letters of recommendation written by FCPS employees. However, this authorization specifically excludes the release of discipline information.

By my signature below, I also authorize FCPS employees, including but not limited to, administrators, teachers, and counselors, to communicate with and respond to inquiries from the school or organization concerning my application and my credentials.

FCPS may release the required records and information by electronic or other means directly to the school or organization or to a service used by the school or organization to facilitate its application process. These services include, but are not limited to, the Common Application, Naviance Student, Coalition for College, and other services utilized by FCPS.

I understand that I am authorizing FCPS to send data to the colleges, scholarships, and other organizations listed on my transcript request form, typically via an electronic portal. When submitting my data electronically, FCPS will use the correct portal where the browser displays the padlock icon to indicate that the data is encrypted to the website. I acknowledge I am responsible for understanding the college's or organization's terms and privacy policy of how they will store, retain, and use this data prior to consenting to such release.

I also understand that I have the right to review or have copies of any records that FCPS transmits to the school or organization. If I have responded yes to the statement below, however, I have waived the right to review or have copies of any letters of recommendation written by FCPS employees.

If an application requires or requests a student's social security number (SSN), FCPS staff members should not enter the SSN on the student's behalf.

☐ Yes, I waive my right to review or have copies of any letters of recommendation written by FCPS employees.

☐ No, I do not waive my right to review or have copies of any letters of recommendation written by FCPS employees.

My signature below confirms that I have read and understand this consent form.

Note: Both parent and/or guardian and student are required to sign this form for students under age 18. Parent and/or guardian signature is not required if the student is aged 18 or over or attending a postsecondary school.

Name of Student (Please print)	Student ID	Date

Signature of Student	Signature of Parent and/or Guardian (If student is under 18)