



Clarke County
School District

Authorization For Release of Contact Records

I hereby request and authorize: Clarke County School District
Administrative Offices
595 Prince Avenue
Athens, Georgia 30601
Phone: 706-546-7721
Fax: 706-227-7806

To obtain from and/or release to: University of Georgia
Equal Education for Athens
equaleducationathens@gmail.com

For: _____
Student Student ID Number

I understand that these reports are confidential records and may be used by the agency and staff noted above. They are not to be copied or forwarded to other agencies or persons.

Records to be released:

_____ Parent Name, Email, and Phone Number

_____ Student Name, Grade, and Email

This should be considered a reciprocal agreement between above parties: Yes No

_____ Date

_____ Signature

_____ Relationship

_____ Phone Number

Family Education Rights and Privacy Act (FERPA) does not require prior written consent to disclose records to another Local Education Agency. Parent signature on this document serves as notification of records released to other Local Education Agency.