



Parent Notice of Student Record Disposal

Department of Special Education and Student Services
HOWARD COUNTY PUBLIC SCHOOL SYSTEM
Ellicott City, MD 21042

For Office Use Only

Dates of Special Education Service	Dates of Record Destruction
____/____/____ - ____/____/____ mm/yr mm/yr	____/____/____ dd/mm/yr

Student Name: _____

Date of Birth: _____

The Howard County Public School System is maintaining confidential special education records for the above named student. These records include documents pertaining to the referral, evaluation, and services provided. By law, we must keep the files for six years after special education services have ended. Similarly, we must retain the files for students who received reimbursement from the Maryland Medical Assistance Program for six years. The anticipated date of the disposal of records is

Either the parent or student (if of legal age) may request a copy of these records. The records contain copies of documents that were given to the student's parents while the student received services. These records could be needed for personal matters such as social security benefits, medical assistance or other purposes. These records will be shredded and disposed of properly by the school system. If you would like to review these records prior to their disposal, complete the bottom portion of this letter and return it to

If you have any questions about this process, please contact the administrator at:
at

Student Name: _____ Date of Birth: ____/____/____

- I/we **do not** wish to have the records and understand that the records will be destroyed after
- I/we wish to have the records and will contact your office within two weeks to pick up a copy of the records. If I/we do not contact you within two weeks, I/we understand that the records will be destroyed after

Name of Person Requesting Records Relationship to Student

Signature Date

Current Address () - Phone Number

Distribution: Student Folder
School Administrator
Parent