

**Appointment of Authorized Representative  
Consent to Release of Records**

I \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_ (student) \_\_\_\_\_ (student date of birth), appoint the following individual to be my authorized representative to meet with the student and/or school officials to discuss and establish a sequential career developmental plan in the middle grades and an individual graduation plan (IGP) as provided for under the South Carolina Education and Economic Development Act:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I consent to the release of the student's education records to the Authorized Representative in conjunction with the discussion and establishment of Student's plans.

This appointment is effective beginning the date signed and will remain in effect until and unless I revoke the appointment by giving the school notice in writing that the appointment shall be terminated.

The appointment does not affect my rights as a parent/guardian. I may still take part in the discussion and establishment of the student's plans and any and all other educational matters involving the student.

I fully understand this document and voluntarily agree to the appointment as stated above.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date