

For Office Use Only – Date received: \_\_\_\_\_ Received by: \_\_\_\_\_

# BALTIMORE COUNTY PUBLIC SCHOOLS

## APPEAL TO THE RESIDENCY LIAISON REGARDING THE TRANSFER OF A STUDENT'S RECORD

### DIRECTIONS

1. This form is for use by children in state-supervised care or the responsible adult acting on behalf of the child to file complaint(s) and/or appeal(s) regarding the manner in which the child's educational records were transferred.
2. The child or the responsible adult may refer in this form to the sending or receiving school if that school is a Baltimore County public school.
3. The completed form must be mailed to:

**Baltimore County Public Schools  
Department of Student Support Services  
Office of The Residency Liaison  
9610 Pulaski Park Drive, Suite 219  
Baltimore, Maryland 21220**

The form may also be faxed to that office at 410-918-9329.

Name of student in state-supervised care \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name of person completing form \_\_\_\_\_

Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Fax \_\_\_\_\_

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

Name of placement agency \_\_\_\_\_

Name of sending school and school system \_\_\_\_\_

Name of receiving school and school system \_\_\_\_\_

