

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

The undersigned hereby authorizes _____

School District to release copies of the following official student records:

concerning _____ (Full Legal Name of Student) _____ (Date of Birth)

_____ from 20__ to 20__
(Name of Last School Attended) (Year(s) of Attend.)

The reason for this request is: _____

My relationship to the child is: _____

Copies of the records to be released are to be furnished to:

- () the undersigned
- () the student
- () other (please specify) _____

(Signature)

Date: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____