

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)

\_\_\_\_\_ (Name of Last School Attended) from 20 \_\_\_\_ to 20 \_\_\_\_ (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: \_\_\_\_\_