

**PARENT/GUARDIAN/STUDENT
CONSENT FOR RECORDS RELEASE**

TO: _____ RE: _____
(Student Name)

(Street Address) AGE: _____ BIRTHDATE: _____

(City, State, Zip Code)

FROM:

(Name) _____
(Street Address)

(Agency/School District) _____
(City, State, Zip Code)

We are requesting the following information/records for the above-named student:

- All personally identifiable data on file.
- The following records only: (please specify)

Reason for request: (please check)

- To aid in making present and future educational decisions.
- Other: (please specify)

With the understanding that the district cannot assume responsibility for the confidentiality of educational information disclosed, I authorize you to release educational information regarding the above-named student in the manner indicated.

(Date) _____
(Signature of parent/guardian or student, if 18 or older)

(Address)

(City, State, Zip Code)

FOR OFFICE USE ONLY
Date Data Released _____ by _____
(Name/Position)
Date Copies Mailed _____ by _____
(Name/Position)