

Consent to Release Information in School Records

To whom it may concern:

I hereby authorize Clear Creek Independent School District to release the following information contained in the school record of _____ (*student's name*):

for the purpose of:

The above information may be released to (*person, school, agent, or other*):

Print or type name of parent (or eligible student if age 18 or older): _____

Signature: _____

Date: _____