



ADAMS 12 FIVE STAR SCHOOLS
1500 East 128th Avenue
Thornton, CO 80241

Permission to Release Student Records

I, _____, * give permission to Adams 12 Five Star Schools to release the following records of

(Name, which appears on Records)

(Birthdate)

(School)

(Records Requested)

To: _____
(Person or Agency to Receive Records)

Note: If the person for whom records are requested is under 18 years of age, the release must be approved by the parent or guardian. If the person is 18 years of age or over, that individual must approve the release.

These records are to be released for the following reason(s):

Date: _____

(Signature – See Note Above)

Address: _____

Telephone Number: _____

Mail, Fax or Return this form to:
School Name/Central Department _____
School/Department Address _____
Fax: 720-972-_____

Note to Agency requesting records:

- A. It is agreed that upon receipt of these records your agency will not release the record(s) or any information therein to any other person or agency without prior written consent of the parent or student if over 18 years of age.
- B. The parent or guardian of the aforementioned student, or the student if 18 years of age or over, may obtain a copy of these records. If a copy is desired, notify the custodian of records, as appropriate.

Confidentiality Notice: This release, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential information. If you have received this communication in error, please immediately notify the sender. In addition, if you have received this in error, please do not review, distribute, or copy the document. Thank you for your cooperation.

Original signed document to be kept in student(s) cumulative file.

April 2011