

CONSENT FOR RECORD RELEASE

To: _____ Re: _____

_____ Age: _____ Birthdate: _____

Date: _____

A. You are authorized to release the records listed below for the above-named student to:

(name) (address) (city) (zip)

B. Specific data to be released: (please check)

_____ All personally identifiable data on file

_____ The following records only: (please state) _____

C. Reason for request: (please check)

_____ To aid in present and future educational decisions

_____ Other: (please state) _____

(date)

(signature of parent/guardian/student*)
*(student must be 18 years old or older)

FOR OFFICE USE ONLY

Date Data Released: _____

By: _____

Date Copies Mailed: _____

By: _____

Copies:

Central File
Building
Parent