

EDUCATIONAL ACCESS PERMISSION FORM

Should you desire to allow another individual, who is not the legal parent/guardian for your student, access to your student's educational information, please return this completed form to your student's school. By doing so, you are allowing this specific individual to have access to the educational records for your student, as well as permission to communicate specifically with school/district personnel regarding your student.

RELEASE OF INFORMATION

Student Name _____ Student grade level: _____

I, _____, give permission to Eudora Unified School District No. 491

to allow _____ full access to all educational records and correspondence for my student.

Printed Name of parent/guardian _____

Signature of parent/guardian _____ Date signed _____