

RUTLAND CITY PUBLIC SCHOOLS

Administrative Offices
6 Church Street (802) 773-1900
Rutland, VT 05701
www.rutlandcitypublicschools.org

CONSENT TO RELEASE STUDENT INFORMATION

Date: _____

Name of Student: _____

Home Address: _____

Date of Birth: _____ Home Phone: _____

Current School: _____

Parent(s), Legal Custodian of Guardian (if student is a minor):

Please provide the requested information/educational records to:

The only type of information that is to be released under this consent is:

- _____ Transcript
- _____ Disciplinary Records
- _____ Recommendations for employment or admission to other schools
- _____ All Student Records
- _____ Other (specify): _____

The information is to be released for the following purpose:

- _____ Admission to an educational institution
- _____ Employment
- _____ Other (specify): _____

By signing below, the Student and/or Student's parent, legal custodian or legal guardian understand that the Student's education records and information may be released to the party identified above; that they have the right to inspect and/or request copies of any written records released pursuant to this Consent (except for financial records of the parents and certain letters of recommendation if the student has waived inspection rights); that they may revoke this Consent upon providing written notice to Rutland City Public Schools. Student and/or Student's parent, legal custodian or legal guardian further understand that until this written revocation is made, this Consent shall remain in effect and Student's educational records will continue to be provided to the party identified above for the specific purpose described above.

Signature of Student, Parent, Legal Custodian, or Legal Guardian Date

Witness Print Name of Witness: _____