Craig City School District

P.O. Box 800 Craig, Alaska 99921 www.craigschools.com Phone (907)826.3274, FAX (907) 826.3322

CCSD is dedicated to providing a meaningful, comprehensive, and engaging education to all students so they participate responsibly in the global society.

Authorization for Release of Student Records

This release is required for compliance with the Family Education Rights and Privacy Act of 1974.

I understand that the information obtained will be treated in a confidential manner, and will not be transmitted to a third party.

I hearbey release my medical, academic, psychological and special education information from **my former school:**

	School Name		
	Address		
	City, State, ZIP		
	Phone:		
	FAX:		
Child(ren) Name		Birthdate	Grade Placement
Is/Are the stu	dent(s) currently enrolled in the Migra	ant Education Program?	Yes No
The records a	re to be released by Mail or FAX to:		
	Craig City School District Attn: Craig Elementary Sch P.O. Box 800 Craig, Alaska 99921-0800	nool Craig Middle Schoo	ol
	Or FAX 907-826-3322		
Signature of P	arent or Guardian	Γ	Date

Thank you for assisting in this process of planning for the educational future and well being of the above named student.