

**Council Bluffs Community School District  
Student & Family Services**

**AUTHORIZATION TO RELEASE SCHOOL RECORDS**

I hereby request a copy of my transcript, proof of graduation, proof of birth or immunization (please circle one) be released to **(please provide complete address, email or fax number you wish them to be sent to):**

\_\_\_\_\_

\_\_\_\_\_

*I understand no individual or agency outside the school will be permitted to inspect or receive my school records without my permission.*

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent or Legal Guardian Signature if student is under 18 years of age)

**Name while enrolled in school** \_\_\_\_\_

Current Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

School and Graduation Year or Last School Attended and Year of Exit:

\_\_\_\_\_  
Current Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please Return To:

**Council Bluffs Community School District  
ATTN: Student & Family Services/Mindi  
300 W Broadway, Suite 1600  
Council Bluffs, Iowa 51503  
Phone 712-328-6423 Ext 352  
Fax 712-328-6488  
mrichardson@cbscd.org**