

AUTHORIZATION FOR RELEASE OF EDUCATION RECORDS

The undersigned hereby authorizes the Iowa City Community School District to release copies of the following official education records:

Concerning _____ (Full Legal Name of Student) _____ (Date of Birth)

_____ (Name of Last School Attended) _____ (Year(s) of Attendance) From 20 _____ to 20 _____

The reason for this request is: _____

Copies of the records to be released are to be furnished to:

- the undersigned
- the student
- other (please specify) _____

Signature

Address

City, State, Zip

Phone Number