



# Divide County School District

PO Box G  
106 1<sup>st</sup> St NE  
Crosby, ND 58730  
(701) 965-6313

Elementary Phone: (701) 965-6324  
Elementary FAX: (701) 965-8200  
High School Phone: (701) 965-6392  
High School FAX: (701) 965-6962



## AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

TO (FORMER SCHOOL): \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

STUDENT NAME

LAST GRADE COMPLETED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the release of all school records, including all special education information, concerning the student(s) listed above to (admitting school):

Divide County School District  
PO Box G  
Crosby, ND 58730-0662

\*Please send birth certificate, immunizations, and any special education information as soon as possible. Thank you.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

Note: It is not necessary for parents to sign a release when records are being passed from public school to public school. Note Federal Registrar, Thursday, June 17, 1976, Part JJ HEW – Privacy Rights of Parents and Students. #99.31 Prior consent for disclosure not required: (a) An educational agency or institution may disclose personally identifiable information from the educational records of a student if the disclosure is (1) to other school officials, including teachers, within the educational institution or local educational agency who have been determined by the agency or institution to have legitimate educational interests.