

STUDENT RECORDS

Exhibit A – Consent to Release Information in School Records

To whom it may concern:

I hereby authorize Ector County Independent School District to release the following information contained in the school record of _____ (*student's name*):

for the purpose of :

The above information may be released to (*person, school, agent, or other*):

Print or type name of parent (or
Eligible student if age 18 or older): _____

Signature: _____

Date: _____

Federal and state laws safeguard student records from unauthorized inspection or use and provide parents and "eligible" students certain rights: