

**FORM I: PERMISSION OF PARENT OR LEGAL GUARDIAN FOR
THIRD PARTY ACCESS TO STUDENT'S EDUCATION RECORD**

I, _____, the parent or legal guardians of
(Name)

_____, a student at _____,
(Name) (School)

Public Schools, request that the following part of the above student's records

be made available to _____ for the purpose of
(Name)

Date: _____

Signature of Parent

_____ Please send me a copy of the records released at the following address:

Name _____

Address _____

City, State, Zip _____

_____ Please send a copy to the above student at the following address:

Name _____

Address _____

City, State, Zip _____

Enclosed is \$_____ for reproduction and mailing.