



### CONSENT FOR STUDENT RECORD RELEASE

STUDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ DATE: \_\_\_\_\_

You are authorized to release the records listed below for the above-named student to: (if self, give own name and address)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Specific Data to be released: (Please check)

All personally-identifiable data on file

The following records only: (specify)

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

Reason for request: (Please check)

To aid in present and future educational decisions.

Other: (specify) \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of parent/guardian/student\*) (\*Student must be 18 years old or older)

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

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#### FOR OFFICE USE ONLY

Date Data Released \_\_\_\_\_ by \_\_\_\_\_  
(Name/Position)

Date Copies Mailed \_\_\_\_\_ by \_\_\_\_\_  
(Name/Position)