



2026-2027 3rd Party Access to Student Records Parental Authorization

This application must be submitted to the campus at the time of registration

ALL SECTIONS AND INFORMATION MUST BE COMPLETED FOR CONSIDERATION.

STUDENT

PARENT INFORMATION

Last	First	MI	Parent Name		
Student's Date of Birth			Street Address		APT
Student Grade	Campus	Student ID#	City	State	Zip

Please Print:

I, _____, legal/custodial parent of _____ have hereby given
(Parent Name) (Student Name)
_____ access to the following for my son/daughter.

Please **initial** all that apply:

_____ Permission to sign this student in or out of classes	_____ Permission to excuse absences for this student
Initial	Initial
_____ Permission to review the permanent records of this student	_____ Permission to enroll this student
Initial	Initial
_____ Permission to discuss this student's grades with teachers	_____ Permission to withdraw this student
Initial	Initial
_____ Other – Please specify: _____	
Initial	

I hereby attest that I have the legal custody of the above-named student and that the information given is true to the best of my knowledge.

Signature of (parent) Affiant _____ Date _____

Typed or Printed Name of Affiant _____

STATE OF _____

COUNTY OF _____

SUBSCRIBED AND SWORN TO ME on this, the _____ day of _____, 20____.
(Month) (Year)

Signature of Notary Public _____

Registrar/Administrative Approval _____

Date _____