

Release/Inspection of Student Records
TO THIRD PARTY

Date: _____

Name of School: _____

The _____ Schools are hereby authorized to:

☐ Release or copy☐ Permit the inspection of

the records listed below for _____, who was born on

Student's Name

_____. The individual or agency to whom this information is to be released is _____.

I understand that the records affected are checked below, along with the reason(s) for the requested release or authorization to inspect.

RECORDS (including electronic)	PURPOSE
☐ All cumulative records	
☐ Attendance record only	
☐ Grade records only	
☐ Standardized test data only	
☐ Special education records only	
☐ Other: _____	

This release is effective only for the specified records or types of records (including electronic) on hand as of the date you sign below UNLESS you specifically authorize further release of the specified records or types of records as follows. (Check and initial ONE of the following.)

- ☐ I authorize **on-going release** of the specified records or types of records to the entity/individual specified until student reaches age of 18 unless earlier revoked in writing. (Initials _____)
- ☐ I authorize release of the specified records or types of records until the end of the present school year (June 30th) unless earlier revoked in writing. (Initials _____)

Signature of Parent/Guardian or Individual Acting as Parent under FERPA*_____
Date_____
Signature of Student, 18 or Older or Attending Post-secondary Institution_____
Date

*Living in the student's home in the absence of the parent on a day-to-day basis

Review/Revised:7/11/2016