

AUTHORIZATION FOR RELEASE OF EDUCATION RECORDS

The undersigned hereby authorizes _____

School District to release copies of the following official education records:

concerning _____ (Full Legal Name of Student) _____ (Date of Birth)

_____ (Name of Last School Attended) from 20 ____ to 20 ____ (Year(s) of Attendance)

The reason for this request is: _____

My relationship to the child is: _____

Copies of the records to be released are to be furnished to:

- the undersigned
- the student
- other (please specify) _____

(Signature)

Date: _____

Address: _____

City: _____

State: _____ ZIP _____

Phone Number: _____