Treynor Community Schools

102 East Main, P.O. Box 369
Treynor, IA 51575
712-487-3414
Fax 712-487-3332

Parent Authorization For Release of Confidential Information

I hereby authorize:

_____
School

_____
Address

_____
City/State/Zip

_____
Phone Number - if known

to release to the Treynor Community Schools all information regarding

_____ _____
Student Name Grade

This release is to include placement data, mental aptitude, and achievement test data, scholarship records, health records, and evaluation reports from any outside referral agency, such as medical records, social history, and psychology reports.

_____ _____
Date Parent/Guardian Signature (or student if 18 or older)

_____

_____