

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)

\_\_\_\_\_ from 20 \_\_\_\_ to 20 \_\_\_\_  
(Name of Last School Attended) (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: \_\_\_\_\_