

Treynor Community Schools

102 E Main St. PO Box 369 Treynor, IA 51575 Phone: 712-487-3414

Fax: 712-487-3332

Parent Authorization for Release of Confidential Information

I hereby authorize:	
School Name:	
School Address:	
School Phone Number:	
School Fax Number:	
To release to Treynor Community Schools a	ll information regarding:
Student Name:	Grade:
This release is to include placement data, mental aptiturecords, health records, discipline/behavior records an agency, such as medical records, social history, and psy	d evaluation reports from any outside referral
The student will be enrolled in the following	<i>::</i>
The student will be enrolled in the following Regular Education	<i>:</i> :
	1: