

Copies: Records Control Officer
Student File
Parent

**PARENT/GUARDIAN
CONSENT FOR RECORDS RELEASE**

To: _____ Student Name: _____

(Street Address) Age: _____ Birthdate: _____

(City, State, Zip Code)

From:

(Name) _____
(Street Address)

(Agency/School District) _____
(City, State, Zip Code)

We are requesting the following information/records for the above-named student:

- All personally identifiable data on file.
- The following records only: (Please specify)

Reason for request: (Please check)

- To aid in making present and future educational decisions
- Other: (Please specify)

With the understanding that the district cannot assume responsibility for the confidentiality of educational information disclosed, I authorize you to release educational information regarding the above-named student in the manner indicated.

(Date) _____
(Signature of parent/guardian or student, if 18 or older)

(Address)

(City, State, Zip Code)

FOR OFFICE USE ONLY	
Date Data Released _____	by _____ (Name/Position)
Date Copies Mailed _____	by _____ (Name/Position)