

Copies:
Records Officer
Custodian of Records
Parent

CONSENT FOR STUDENT RECORD RELEASE

STUDENT: _____

ADDRESS: _____

AGE: _____ BIRTHDATE: _____ DATE: _____

A. You are authorized to release the records listed below for the above-named student to: (if self, give own name and address)

Name

Address

City State Zip

B. Specific Data to be released: (Please check)

_____ All personally-identifiable data on file.

_____ The following records only: (specify)

C. Reason for request: (Please check)

_____ To aid in present and future educational decisions.

_____ Other: (specify)

Date

(Signature of parent/guardian/student*)

(*Student must be 18 years old or older)

Address: _____

FOR OFFICE USE ONLY

Date Data Released _____ by _____
(Name/Position)

Date Copies Mailed _____ by _____
(Name/Position)