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: _____