

**PERMISSION FOR
RELEASE, REVIEW OR COPY
OF INFORMATION
OF
STUDENT RECORDS**



Date _____
Student ID # _____
Receipt # _____
Fee _____

I, _____
(Parent/Guardian/Eligible Student)

hereby authorize _____

- (check one) To release the following portion of the records regarding my child
 To review the following portions of the records regarding my child
 To copy the following portions of the records regarding my child

Name _____ Birth Date _____ School _____

Social Security # _____ Graduation Year _____ Date of Withdrawal _____

- Which include(s): 1. _____
2. _____
3. _____

Mail to: Name _____

Address _____

City _____ State _____ Zip _____

Purpose: _____

Authorized Signature _____ Relationship _____

Address _____ City _____

State _____ Zip _____ Telephone _____

Form of ID _____

Personally identifiable information which is disclosed to an institution, agency, organization, or individual, etc., may be used by its officers, employees and agents, but only for the purpose for which disclosure was made. The disclosed information may not be released to any other party without the prior written consent of the parent of the student or the eligible student.