



## Permission for Release, Review or Copy of Information of Student Records

Date:

Student ID#:

I,

*(Parent / Guardian / Eligible Student)*

hereby authorize

to release, review or copy the following portion of the records.

Name of Student:

Birth Date:

Last School Attended:

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:

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.