

GIRARD CITY SCHOOL DISTRICT
PARENTAL CONSENT FOR RECORD RELEASE

To _____,
(School Administrator)

I am the parent/legal guardian of _____ whose
age is _____ years and date of birth is _____.
You are authorized to release the record listed below to:

(name)

(address)

Reason for request:

Specific records/data to be released:

Date: _____

(Signature of Parent)

(Printed name of Parent)

FOR SCHOOL USE ONLY

Date received: _____ By: _____

Date data

Release _____ By: _____