

Copies:
Custodian of Records
Parent/Guardian/Eligible Student

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)