

**WILLARD CITY SCHOOL DISTRICT**

Copies:  
Records Officer  
Custodian of Records  
Parent

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: \_\_\_\_\_

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FOR OFFICE USE ONLY

Date Data Released \_\_\_\_\_ by \_\_\_\_\_  
(Name/Position)

Date Copies Mailed \_\_\_\_\_ by \_\_\_\_\_  
(Name/Position)