

The undersigned hereby authorizes the _____ Community School District and any of its agents to release official student records of:

(Legal Name of Student)

(Date of Birth)

(Name of Last School Attended)

(Dates of Attendance)

The undersigned specifically authorizes the release of the following official student records of the above student: *(If no records are specified, the undersigned authorized the release of all student records of the above student.)*

The reason for the authorization: _____

Copies of the records shall be furnished to the following (check all that apply):

- the undersigned
- the student
- other (please specify: _____)

The undersigned has the following relationship to the student: _____

(Signature)

(Address)

(Printed Name)

(City, State, Zip Code)

(Phone Number)

Adopted: 03/15/04

Reviewed: 12/22/08; 11/28/16; 6/27/22

Amended: 12/18/13