

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; 6/23/25

Amended: 12/18/13