

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; 6/22/26

Amended: 12/18/13