

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

I, _____, parent legal guardian adult student

authorize _____ to release the records checked below,
 SCHOOL NAME AND ADDRESS

regarding, _____, _____/_____/_____
 STUDENT NAME BIRTH DATE

to: _____, (_____)_____
 SCHOOL NAME AND ADDRESS PHONE

_____, (_____)_____
 STREET ADDRESS, CITY, STATE, ZIP CODE FAX NUMBER

for the purpose of _____

RECORDS TO BE RELEASED

All Records¹

OR

Academic Records (Transcript/Report Cards/Permanent Record Card/Standardized Test Scores/Proficiency Test Scores/Birth Certificate)

Attendance Records

Suspension and Expulsion Records

Special Education Records

Behavioral Records (i.e. behavioral plans)

Psychological Testing/Records

Health/Immunization/Medical/Nursing Records

Other _____

By signing this authorization, I relieve the school, which the above named student was attending, of the responsibility of notifying me that the records are being transferred. I also authorize the school, which the above named student was attending, to discuss matters pertaining to the student with representatives of the school to which the records are being transferred.

► _____
Parent/Legal Guardian/Adult Student SIGNATURE DATE

► _____
Print Name

¹ "All Records" means: Academic Records (Transcript/Report Cards/Permanent Record Card/Standardized Test Scores/Proficiency Test Scores/Birth Certificate), Attendance Records, Suspension and Expulsion Records, Special Education Records, Behavioral Records (i.e. behavioral plans), Psychological Testing/Records, and Health/Immunization/Medical/Nursing Records.