

CONSENT FOR RELEASE OF SCHOOL STUDENT RECORDS

I hereby consent to the release of the following information from the school records of:_____.

(Maiden name if applicable)

() Academic transcript

Year graduated/ year attended:_____.

() Other_____.

Please release the above information to the following person(s).

Name_____.

Address_____.

_____.

_____.

The reason for release is_____.

_____.

I understand that I have the right to inspect, copy or challenge the contents of the school student records in question prior to release and the right to limit any consent for the release of the school student records to designated records or designated portions of information in the school student records.

Date

Signature of Parent of Student

Signature of Student 18 or older