

Copies:
Records Officer
Custodian of Records
Parent

Consent for Student Record Release

Student: _____

Address: _____

Age: _____ Birthdate: _____ Today's date: _____

- A.** You are authorized to release the records listed below for the above named student to: (if self, give own name and address).

Name

Address

City

State

Zip

- B.** Specific data to be released: (please check)

_____ All personality-identifiable data on file

_____ The following records only: (specify)

- C.** Reason for request: (please check)

_____ To aid in present and future educational decisions

_____ Other: (specify)

Date

(signature of parent/guardian/student*)
(*Student must be 18 years old or older)

FOR OFFICE USE ONLY

Date data released: _____ by: _____
(name and position)

Date copies mailed: _____ by: _____
(name and position)