

AUTHORIZATION TO RELEASE EDUCATION RECORDS

_____ is hereby authorized to release the following
education records of _____ (*Student's Full Name*), date of
birth _____ to (*party the records should be released to*)

_____.

SPECIFIC RECORDS NEEDED (please initial all that apply):

_____ Permanent Record

_____ Disciplinary Record

_____ Attendance

_____ Special Education Record

_____ Other (*list specific document(s) or information to be released*):

The purpose of this disclosure is _____
_____.

The party receiving the above specified records acknowledges that information from these records
cannot be disclosed to any other party without my prior consent.

Parent/Guardian's Signature if student is under 18 years of age
OR signature of student if 18 years of age or older

**(If student is 18 years of age or older, only the Student may
authorize the release of his or her education records.)**

Date