

**AUTHORIZATION FOR RELEASE AND/OR EXCHANGE OF INFORMATION**

To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SUBJECT: Records Request**

I hereby request and authorize that the following information

- |   |  |
|---|--|
| <input type="checkbox"/> <b>STUDENT EDUCATIONAL RECORDS</b><br>(Withdrawal Grades/Transcripts/Report Cards) | <input type="checkbox"/> <b>IEP (IF APPLICABLE)</b>          |
| <input type="checkbox"/> <b>STATE/LOCAL TEST SCORES</b>   | <input type="checkbox"/> <b>ELIGIBILITY MINUTES</b>          |
| <input type="checkbox"/> <b>HEALTH/IMMUNIZATION</b>   | <input type="checkbox"/> <b>PSYCHOLOGICAL REPORTS</b>        |
| <input type="checkbox"/> <b>DISCIPLINE</b>  | <input type="checkbox"/> <b>SOCIOLOGICAL HISTORY REPORTS</b> |
| <input type="checkbox"/> <b>ATTENDANCE</b>  | <input type="checkbox"/> <b>EDUCATIONAL REPORTS</b>          |
|   | <input type="checkbox"/> <b>OTHER:</b> _____                 |

Be released on

\_\_\_\_\_ (Name of Student) \_\_\_\_\_ (Date of Birth)

To release **and/or** exchange records with (Name of person, activity, division, agency, and department):

\_\_\_\_\_

Sent to the address indicated below:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Date:** \_\_\_\_\_ **Authorized Signature:** \_\_\_\_\_

This authorization is effective for one (1) year from date of signature.

Parental Permission is not required when authorized school personnel request records. (Family Educational Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 24673).