

CONSENT FOR RELEASE OF STUDENT RECORDS

You are authorized to release a copy of the records of:

Pupil's Name _____ Grade _____

Date of Birth _____ Last school year of attendance _____

Send to: _____

Please release the following information:

- _____ All personally identifiable data
- _____ Attendance record
- _____ Transcript of grades
- _____ Standardized test scores
- _____ Health/Immunization record
- _____ Psychological Reports (IEP, Multifactorial Eval., Parent consent, etc.)
- _____ Other _____

Student's Signature: _____

or

Parent's Signature: _____

(This signature is required of all students under 18 years of age)

Date: _____