

CONSENT TO RELEASE STUDENT RECORDS

TO: _____
(School or department)

You may release the following student records concerning

_____ (Birthdate: _____)

to _____
(Individual or agency)

(Address)

_____ All records, or only those items checked below:

_____ Transcript or grade card

_____ Personal recommendations/confidential evaluations

_____ Attendance data

_____ Corrective action or punishment action summary

_____ Accident reports (specify):

_____ Professional staff report(s) (specify):

_____ Grades or test scores

_____ Other (specify):

Reason for release: _____

Relationship to student (Parent, guardian, student): _____

Date of consent: _____ Signature: _____

Copies of released student records may be obtained at cost.