

504.1A RELEASE OF STUDENT RECORDS AUTHORIZATION

The undersigned hereby authorizes the District and any of its agents to release official student records of:

Legal Name of Student

Date of Birth

Name of Last School Attended

Dates of Attendance

The undersigned specifically authorizes the release of the following official student records of the above student: (If no records are specified, the undersigned authorized the release of all student records of the above student.)

The reason for the authorization: _____

Copies of the records shall be furnished to the following (check all that apply):

the undersigned

the student

other (please specify: _____)

The undersigned has the following relationship to the student: _____

Signature

Address

Printed Name

City, State, Zip Code

Phone Number

*Adopted: 12/13/10
*Reviewed: 04/08/13
*Reviewed: 10/9/17
*Revised: 10/10/22