



Authorization for Release of Student Records

STUDENT INFORMATION			
Legal Last Name:	Legal First Name:	Legal Middle Name:	Suffix:
Grade:		Date of Birth:	
RECORDS REQUESTED FROM			
Name of School:		School Address:	
City:	State:	Zip Code:	
Phone Number:		Fax Number:	
RECORDS TO BE RELEASED			
<p>Only checked items will be released:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cumulative Record including Grades and Attendance <input type="checkbox"/> Report Cards <input type="checkbox"/> Academic Transcript <input type="checkbox"/> Standardized Test Scores <input type="checkbox"/> Discipline Records <input type="checkbox"/> Special Placement Records and Reports including IEPs/504s <input type="checkbox"/> Health/Medical Records and Immunizations <input type="checkbox"/> Other Medical, Psychological, Speech, Language and Hearing Evaluations <input type="checkbox"/> Other information that would be helpful in planning an appropriate educational program for my child. 			
RELEASE SCHOOL RECORDS TO			
Name of School:		School Address:	
City:	State:	Zip Code:	
Phone Number:		Fax Number:	
PARENT/LEGAL GUARDIAN SIGNATURE			
<p>I, the parent/legal guardian of the above-named student, authorize the above-named school to release any of the listed school records to the indicated school. I understand that I may review the transferred records by making such request of the principal and may also have all or any part of these records properly interpreted as necessary by appropriate school personnel.</p>			
Parent/Legal Guardian Signature: (Required)		Relationship to Student:	Date: