

PARENTAL AUTHORIZATION FOR  
RELEASE OF STUDENT RECORDS

Code No. 505.1

The undersigned hereby authorizes

School District to release copies of the following official student records:

(Full Legal Name of Student) (Date of Birth)

	from	to
(Name of Last School Attended)		(Year(s) of Attend.)

The reason for this request is: \_\_\_\_\_

My relationship to the child is: \_\_\_\_\_

Copies of the records to be released are to be furnished to:

- ( ) the undersigned
- ( ) the student
- ( ) other (please specify)

(Signature)

Date:

Address:

City:

State: \_\_\_\_\_ Zip:

Phone Number: