AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS

This Authorization constitutes consent to disclose personally identifiable information contained in your or your child's student educational record. This Authorization complies with District policies and procedures governing student educational records. Please note that federal and state law authorizes disclosure of certain student educational records without consent and, as such, this Authorization is not required and does not apply in those situations.

1. I, _____(parent or eligible student), hereby authorize the release of (my child's/my) educational records as described specifically herein.

2. Please describe the purpose of this Authorization:

   _____.

3. Please describe the information you wish to have released:

   _____.

4. Please identify the entity or individual to whom you wish to have the information released, including the means by which the information should be disclosed.

   RELEASE TO: Individual/Entity _____.

   Address/Phone No ._____.

   RELEASE TO: Individual/Entity _____.

   Address/Phone No. _____.

5. This Authorization will expire on the following date, unless otherwise canceled:

_____	_____	_____.
Student's Name	Eligible Student/Parent's Signature	Date
_____	_____.	
Student's Date of Birth	Requestor Contact Information	