



**AUTHORIZATION FOR RELEASE OF STUDENT RECORDS**

I, \_\_\_\_\_,  parent  legal guardian  adult student

authorize \_\_\_\_\_ to release the records checked below,

SCHOOL NAME AND ADDRESS

regarding, \_\_\_\_\_, \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

STUDENT NAME

BIRTH DATE

to: \_\_\_\_\_, (\_\_\_\_\_) \_\_\_\_\_

SCHOOL NAME AND ADDRESS

PHONE

\_\_\_\_\_, (\_\_\_\_\_) \_\_\_\_\_

STREET ADDRESS, CITY, STATE, ZIP CODE

FAX NUMBER

for the purpose of \_\_\_\_\_

**RECORDS TO BE RELEASED**

All Records<sup>1</sup>      **OR**

Academic Records (Transcript/Report Cards/Permanent Record Card/Standardized Test Scores/Proficiency Test Scores/Birth Certificate)

Attendance Records

Behavioral Records (i.e. behavioral plans)

Suspension and Expulsion Records

Health/Immunization/Medical/Nursing Records

Special Education Records

Psychological Testing/Records

Other \_\_\_\_\_

By signing this authorization, I relieve the school, which the above named student was attending, of the responsibility of notifying me that the records are being transferred. I also authorize the school, which the above named student was attending, to discuss matters pertaining to the student with representatives of the school to which the records are being transferred.

▶ \_\_\_\_\_  
Parent/Legal Guardian/Adult Student SIGNATURE      DATE

▶ \_\_\_\_\_  
Print Name

<sup>1</sup> "All Records" means: Academic Records (Transcript/Report Cards/Permanent Record Card/Standardized Test Scores/Proficiency Test Scores/Birth Certificate), Attendance Records, Suspension and Expulsion Records, Special Education Records, Behavioral Records (i.e. behavioral plans), Psychological Testing/Records, and Health/Immunization/Medical/Nursing Records.