

Authorization for Release/Inspection of Student Records

Date: _____

Name of School: _____

The _____ Schools are hereby authorized to:

- Release or copy
- Permit the inspection of

the records listed below for _____, who was born on

Student's Name

_____. The individual or agency requesting this information is

_____.

I understand that the records affected are checked below, along with the reason(s) for the requested release or authorization to inspect.

RECORDS	REASON
<input type="checkbox"/> All cumulative records	
<input type="checkbox"/> Attendance record only	
<input type="checkbox"/> Grade records only	
<input type="checkbox"/> Standardized test data only	
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> _____	
<input type="checkbox"/> _____	

Parent/Guardian's or Signature

Date

Student Signature, 18 Years of Age or Older

Date

Review/Revised:6/25/07