



PERMISSION TO RELEASE SCHOOL RECORDS

By my/our signature below, I/we as parents or legal guardians of _____ whose date of birth is _____ give permission to the principal of _____ to release the school records of _____ to the following entity/individual:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

PLACE A CHECK BEFORE THE RECORDS AUTHORIZED TO BE RELEASED:

- _____ All school records
- _____ Grades and academic records
- _____ Psychological assessments and records
- _____ Disciplinary records
- _____ Attendance records
- _____ Medical reports
- _____ Testing results and/or evaluations
- _____ Other: _____

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian