

CONSENT TO RELEASE STUDENT RECORDS

TO: _____
(Program or department)

You may release the following student records concerning:

_____ Birthdate: _____
(Name of Student)

to _____
(Individual or agency)

_____ *(Address)*

_____ All records or only those items checked below:

_____ Transcript or grade card

_____ Personal recommendations/confidential evaluations

_____ Attendance data

_____ Corrective action or punishment action summary

_____ Accident reports (specify) _____

_____ Professional staff report(s) (specify) _____

_____ Grades or test scores

_____ Other (specify) _____

Reason for release _____

Date of consent _____ Signature _____

Relationship
to student _____
(Parent/guardian, student)

Copies of released student records may be obtained at cost.