Code No. 506.1E3

**PARENTAL AUTHORIZATION FOR RELEASE OF STUDENT RECORDS**

The undersigned hereby authorizes

School District to release copies of the following official student records:

concerning

(Full Legal Name of Student) (Date of Birth)

From 20 to 20

(Name of Last School Attended) (Year(s) of Attendance)

The reason for this request is:

My relationship to the child is:

Copies of the records to be released are to be furnished to:

( ) the undersigned

( ) the student

( ) other (please specify)

(Signature)

(Date)

Address:

City:

State: ZIP

Phone Number: