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: