

AUTHORIZATION FOR RELEASE OF INFORMATION AND RECORDS

NAME OF STUDENT: _____

DATE OF BIRTH: _____

I hereby authorize _____ to obtain or review the educational records (records, files, documents and other materials which contain information directly related to the student and are maintained by an educational agency or institution) of the student named above from the Department of Education, any local school board, school district or their representative.

This authorization is for the purpose of _____

I understand that this authorization is for repeated access to records from the Department of Education, local school board, school district or their representative. The confidentiality of the records will be maintained and they may only be re-released with my written approval.

This authorization expires one year from the date of signature, unless revoked by me in writing prior to that date.

Signature

Date

Relationship to student