

Thomas D. Kershaw Intermediate School

610 East 3rd North
Sugar City, Idaho 83448
Telephone: 356-0241
Fax: 656-0538

PARENT AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

Date _____

To: School _____

Address _____

City _____ State _____ Zip _____

_____ a former student (s) in the
_____ grade (s) of your school has
enrolled in Sugar-Salem School District #322. Please forward all school records.

Principal/Secretary

In accordance with The family Rights and Privacy Act of 1974 I hereby give my permission for the records of the above named student to be transmitted to the Madison-Fremont County School District #322. I have been notified of my rights to receive a copy of the records and to have a hearing to remove or correct any information that is inaccurate, misleading, or otherwise violates the student's right to privacy, or other rights.

Signature of Parent or Guardian