

# AUTHORIZATION FOR RELEASE OF RECORDS

**Student Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Other Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 of Social: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

School Requesting Records from: \_\_\_\_\_

Year Enrolled: \_\_\_\_\_ Year Graduated/Withdrew: \_\_\_\_\_ Did you Graduate? \_\_\_\_\_

I hereby authorize the release of records:

From: \_\_\_\_\_  
*(Name of agency/person)*

To: \_\_\_\_\_  
*(Name of agency/person)*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City, State, Zip*

\_\_\_\_\_  
*City, State, Zip*

**Describe the records to be disclosed:**

**The reason for disclosing the record(s) is:**

I understand that this information obtained will be treated in a confidential manner by the school district under the provisions of the Family Education Rights and Privacy Act (FERPA). FERPA prohibits disclosure of personally identifiable information without consent except in limited circumstances.

This authorization is valid from: \_\_\_\_\_ to \_\_\_\_\_  
*Date Date*

I understand that my consent for the release of records is voluntary and I can withdraw my consent at any time in writing. Should I withdraw my consent, it does not apply to information that has already been provided under the prior consent for release.

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*