

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

The undersigned hereby authorizes the North Scott Community School District and any of its agents to release official student records of:

\_\_\_\_\_  
(Legal Name of Student)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Name of Last School Attended)

\_\_\_\_\_  
(Dates of Attendance)

The undersigned specifically authorizes the release of the following official student records of the above student: *(If no records are specified, the undersigned authorized the release of all student records of the above student.)*

\_\_\_\_\_  
\_\_\_\_\_

The reason for the authorization: \_\_\_\_\_  
\_\_\_\_\_

Copies of the records shall be furnished to the following *(check all that apply)*:

- the undersigned
- the student
- other *(please specify: \_\_\_\_\_)*

The undersigned has the following relationship to the student: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Phone Number)

Approved: February 22, 1993  
 Reviewed: April 24, 2017  
 Revised: January 28, 2013  
 Renumbered: January 28, 2013