

Release of School Records

Student

Name: _____

Student ID: _____

SSN: _____

DOB: _____

Guardian: _____

Relation: _____

Phone: _____

Email: _____

Address: _____

Transfer From

School: _____

Name: _____

Fax: _____

Email: _____

Phone 1: _____

Phone 2: _____

Address: _____

Transfer To

Name: _____

Organization: _____

Fax: _____

Email: _____

Phone 1: _____

Phone 2: _____

Address: _____

Authorized Information to Disclose

- Grades and Test Scores
- Health Records
- Discipline Records
- Psychological Evaluation/Special Needs
- Other: _____

Reasons for Disclosure

- Special Education/Speech Therapy Planning
- Disciplinary Ruling

- Health Care/Diagnosis
- Educational Planning/Applications
- Transfer to New School
- Other: _____

I, the student or legal guardian, understand that I may revoke my consent, in writing, at any time. I understand that my information will be held in the strictest confidence and will be read, shared, and held by no parties other than those who transfer the information and those who receive it.

Student's Signature

Legal Guardian's Signature

Date