

Consent to Access Educational Records

I, , hereby authorize to access my educational records at .

Records to be released:

- ☐ Transcripts
- ☐ Grades
- ☐ Attendance
- ☐ Disciplinary Records
- ☐ Other:

Purpose of Release:

This consent is valid from to .

☐ I understand that this consent is voluntary and can be revoked at any time by written notice.

Student Signature:

Date:

Submit