

# Student Data Sharing Authorization Form

Student Name:

Student ID:

Date of Birth:

Parent/Guardian Name:

Relationship to Student:

Information to be Shared:

- ☐ Grades
- ☐ Attendance
- ☐ Health Records
- ☐ Other

Recipient Organization/Individual:

Purpose of Sharing:

I authorize the above information to be shared as indicated. ☐

Signature:

Date:

Submit