

## Parental/Student Release of Educational Records

### Student Information

Student Name:

Student ID Number:

Date of Birth:

### Release Records To

Recipient Name/Organization:

Recipient Address:

### Authorization

Type of Records to be Released:

Purpose of Release:

### Consent

I hereby authorize the release of my/my child's educational records as specified above.

Parent/Guardian/Student Name:

Signature:

Date: