

# Consent to Release School Records

I hereby give my permission to \_\_\_\_\_ (Name of School/Institution) to release the school records of \_\_\_\_\_ (Student's Name) to \_\_\_\_\_ (Recipient's Name/Organization).

Parent/Guardian Name:

Student Name:

Date of Birth:

School/Institution:

Recipient (Name/Organization):

Records to be Released (specify):

Signature:

Date: