

Permission to Access Student Records Form

Student Information

Student Name:

Student ID:

Date of Birth:

Authorized Representative

Name of Person/Organization:

Relationship to Student:

Records to be Accessed

☐ Grades/Transcripts

☐ Attendance Records

☐ Disciplinary Records

☐ Other (please specify):

Purpose of Access:

Duration of Permission:

Signature of Student (or Parent/Guardian):

Date:

Submit