



PARENT/GUARDIAN/STUDENT CONSENT FOR RECORDS RELEASE and/or WITHDRAW

Student Name: _____ **Last Day Attending:** _____

(Home Address, City, State, Zip Code)

Grade: _____ **Birth Date:** _____ **Phone:** _____

Send Records To:

Phone, Fax, or Email: _____
(School Name)

(School Address, City, State, Zip Code)

The following information/records for the above-named student may be disclosed:

- All personally identifiable data on file
- The following records only (PLEASE SPECIFY)

Purpose for disclosure (Please check one):

- To aid in present and future educational decisions
- Other (PLEASE SPECIFY):

- Moved into a new school district
- Child attending new school on Open Enrollment

With the understanding that the district cannot assume responsibility for the confidentiality of educational information disclosed, I authorize you to release educational information regarding the above named student in the manner indicated.

(Date) (Signature of Parent/Guardian/Student)

NEW ADDRESS (Home Address, City, State, Zip Code)

| | |
|---|---------------------------|
| FOR OFFICE USE ONLY: | |
| Date Request Originated: _____ | by (Name/Position): _____ |
| Date Copies Mail/Fax/Email: _____ | by (Name/Position): _____ |
| Withdraw entered into database <input type="checkbox"/> | |