

Clarke Community School District
AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Name of Previous School _____

Address _____

City: _____ **State:** _____ **ZIP Code:** _____

Phone: _____ **Fax:** _____

Full Legal Name of Student	Date of Birth	Grade
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Full Legal Name of Student	Date of Birth	Grade
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Full Legal Name of Student	Date of Birth	Grade
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Full Legal Name of Student	Date of Birth	Grade
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I hereby authorize the release of any an all transcripts, grades, test records, health and immunization records, psychological evaluations, diagnostic evalucations, remedial records, teacher's comments, and any Special Education records.

Please send records to:

Clarke Community School District
ATTN: Cris McAfee
Student Information Systems Coordinator
800 N Jackson St. Osceola, IA 50213

 (641) 342-6505 ext. 2025

 : (641) 342-2213

Please fax current transcript grades and Special Education records so we may proceed with these student's schedules before records arrive.

Date

Print Parent/Guardian Name

Parent/Guardian Signature