

Code No. 506.1E3 AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

The undersigned hereby authorizes Central Community School District to release copies of the following official student records:

(Full Legal Name of Student) (Date of Birth)

_____ to 20_____
(Name of Last School Attended) Year(s) of Attendance

The reason for this request is: _____

My relationship to the child is: _____

Copies of the records to be released are to be furnished to:

() the undersigned

() the student

() other (please specify) _____

(Signature)

Date: _____

Address: _____

City: _____

State: _____ ZIP _____

Phone Number: _____