

**PERMISSION FOR THE TRANSFER AND/ OR RELEASE OF
CONFIDENTIAL STUDENT INFORMATION**

I, _____, the parent or legal guardian of
(Name)
_____, a student at _____, Valliant Public
(Name) (School)
Schools, request that the following part of the above student's records:

be made available to _____ for the purpose of
(Name)

Date: _____

Signature of Parent

____ Please send me a copy of the records released at the following address:

Name: _____

Address: _____

City, State, Zip: _____

____ Please send me a copy to the above student at the following address:

Name: _____

Address: _____

City, State, Zip: _____

Enclosed is \$ _____ for reproduction and mailing.