



## PARENTAL CONSENT FOR RECORD RELEASE

I, the legal parent/guardian or student of legal age, authorize to release the school records of

\_\_\_\_\_ (Name of Student) \_\_\_\_\_ (Date of Birth)

**FROM:** \_\_\_\_\_ (Name of current school) \_\_\_\_\_ (Address of current school)

**TO:** \_\_\_\_\_ (Name of school) \_\_\_\_\_ (Address of school)

**DATA TO BE RELEASED:** \_\_\_\_\_ **School Permanent Record**

The school permanent record includes the following:

- Identifying data and family background information
- Grades and academic record of achievement levels
- Attendance data
- Standardized Test scores including ability and achievement batteries
- Health data
- Individual Education Plan (IEP) or Individual Service Plan (ISP) / Evaluation Team Report (ETR) (if applicable)

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

- Check one:** \_\_\_\_\_ Parent  
\_\_\_\_\_ Legal guardian  
\_\_\_\_\_ Student of legal age

For office use only:

### RECORD OF RELEASE

Date received: \_\_\_\_\_ Date released: \_\_\_\_\_

Date mailed: \_\_\_\_\_ By: \_\_\_\_\_

**This request, when submitted, will become part of the permanent record.**