



AUTHORIZATION AND PERMISSION TO RELEASE RECORD

Student Full Name: _____

DOB: _____

(MM/DD/YY)

Grade: _____

(20__ School Year)

I authorize the release of my child's school records and give permission for the school to share information regarding my student's academic, social and emotional growth. This includes but is not limited to transcripts, teacher recommendations, standardized test scores, IEP file, and other assessments.

Parent Signature: _____

Date: _____