

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

The undersigned hereby authorizes Clarinda Community School District

to release copies of the following official student records:

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

_____ from 20 ____ 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: _____