

### Authorization for Release of Student Records

The undersigned hereby authorizes the Interstate 35 Community School District and any of its agents to release official student records of:

(Full Legal Name of Student)

(Date of Birth)

(Name of Last School Attended)

(Dates of Attendance)

The undersigned specifically authorizes the release of the following official student records of the above student: (If not records are specified, the undersigned authorized the release of all student records of the above student.)

The reason for the authorization: \_\_\_\_\_  
\_\_\_\_\_

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

- the undersigned
- the student
- other (please specify) \_\_\_\_\_

The undersigned has the following relationship to the student:

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_