

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

The undersigned hereby authorizes

School District to release copies of the following official student records:

concerning

_____ (Full Legal Name of Student)

_____ (Date of Birth)

_____ (Name of Last School Attended)

from 20 ____ to 20 ____ (Year(s) of Attend.)

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: _____

Approved 2/24/16

Grinnell-Newburg School District, Grinnell, IA