KENT CITY SCHOOLS
CONSENT FOR RELEASE OF STUDENT RECORDS/STUDENT PERSONALLY IDENTIFIABLE INFORMATION

This form must be completed if someone other than the child's <u>biological</u> parent(s) or guardian(s) will be attending conferences or requesting student information.

Student's Name: _____

Address: _____

Age: _____ Date of Birth: _____

A. I hereby authorize the following person access to the records listed below, for the above-named student:

_____
Name

_____
Address including City, State, and Zip Code

_____
Home Telephone Number Additional Telephone Number

B. Specific information to be released, orally and/or in writing: (Please check)

_____ All educational records and personally identifiable information.

_____ All personally identifiable data on file.

_____ Parent-teacher conferences or disciplinary meetings.

_____ The following records only:

_____

C. Reason for request: (Please check)

_____ To aid in present and future educational decisions.

_____ Other (specify): _____

_____ _____
Date Signature of parent/guardian/student*
(*Student must be 18 years old or older)

_____
Address

****

<u>FOR OFFICE USE ONLY</u>

Date Data Released _____ by _____
(Name/Position)

Date Copies Mailed _____ by _____
(Name/Position)

(Revised 3/09)