

Authorization for the Release of Confidential Information

Student Legal Name: _____ Date: _____

School District:
District Address:

As parent/guardian of the student, I hereby authorize the release of confidential information between the School District and:

I understand that information will be treated in a confidential manner. I also understand that it is my right to request a copy of all information and contest any information I feel is incorrect.

Parent/Guardian Signature: _____
Address: