

AUTHORIZATION FOR RELEASE OF EDUCATION RECORDS

The undersigned hereby authorizes the Humboldt Community School District to release copies of the following official education records:

concerning _____ Date of Birth _____
Full Legal Name of Student

_____ 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: _____