



SAMPLE

**RELEASE OF STUDENT INFORMATION—PARENT, GUARDIAN, OR STUDENT CONSENT**

Dear Parent/Guardian:

The school does not release the type of information requested below concerning your child to any noneducational organization, agency, or individual without your consent. The organization, agency, or individual noted below has requested the information indicated. Please check the appropriate box indicating whether or not you wish the school to release the information; sign and return this form to the office of the principal as soon as possible.

You may receive a copy of the record or information to be released by submitting a request in writing to the school office. (There is a nominal charge of 10 cents per sheet.) If you have any question regarding the information, we can assist in interpreting it. This form will be filed in your child's records.

Sincerely,

\_\_\_\_\_  
Principal

\_\_\_\_\_  
School

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Organization, agency, or individual requesting information)

Name of Student: \_\_\_\_\_

Description of information requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Approved for release \_\_\_\_\_  
(Signature of parent or guardian)

Not approved for release \_\_\_\_\_  
(Date)

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