

**PANORAMA COMMUNITY SCHOOL DISTRICT**  
**PARENTAL AUTHORIZATION FOR REQUESTING**  
**STUDENT RECORDS**

The undersigned hereby authorizes \_\_\_\_\_ School District located at \_\_\_\_\_ to release copies of the following official educational records:

Concerning, \_\_\_\_\_  
(Full Legal Name of Student) (Date of Birth) (Grade)

TO: \_\_\_\_\_  
(Name of School)

\_\_\_\_\_  
(Address)

The reason for this request is:

My relationship to the child is:

\_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

Address: \_\_\_\_\_