

PANORAMA COMMUNITY SCHOOL DISTRICT
PARENTAL AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

The undersigned hereby authorizes _____

School District to release copies of the following official educational records concerning:

(Full Legal Name of Student) (Date of Birth)

(Name of Last School Attended) from _____ to _____
(Years 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
- () to the child
- () other (Please Specify)

(Signature)

Date: _____

Address: _____

Telephone: _____