

**AUTHORIZATION FOR RELEASE OF STUDENT RECORDS**

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

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

Concerning \_\_\_\_\_ (Full Legal Name of Student) \_\_\_\_\_ (Date of Birth)  
\_\_\_\_\_ (Name of Last School Attended) \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ (Year(s) of Attendance)  
\_\_\_\_\_ (Address of Last School Attended)

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: \_\_\_\_\_