

GOODRICH AREA SCHOOLS

Consent for Student Record Release

STUDENT: _____

ADDRESS: _____

AGE: _____ BIRTHDATE: _____

LAST SCHOOL ATTENDED: _____

STREET ADDRESS: _____

PHONE: _____ FAX: _____

You are authorized to release the records for the above-named student to:

{Building address stamp here}

DATE: _____

Signature of parent/guardian/student*
(Student must be 18 years old or older)

Address: _____

FOR OFFICE USE ONLY

UIC: _____

Specific data to be released (please check):

- All special Education files and /or information, including Section 504
- All personally identifiable data on file, including CA-60
- Personally identifiable information necessary for a disciplinary hearing.
- The following records only (Please specify):

Reason for request (please check):

- Student is enrolling in this district
- To aid in present and future educational decisions
- To aid in the presentation of a disciplinary hearing
- Other (specify): _____

Date Data Requested: _____ By (Name/Position) _____

Date 2nd Request: _____ By (Name/Position) _____

Date Information Received: _____ By (Name/Position) _____