

**SAYDEL COMMUNITY SCHOOL DISTRICT**

**AUTHORIZATION FOR RELEASE OF STUDENT RECORDS**

The undersigned hereby authorizes \_\_\_\_\_ 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) (Year(s) of Attendance)

The reason for this request is: \_\_\_\_\_

\_\_\_\_\_

My relationship to the student 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: \_\_\_\_\_