

Authorization to Release Confidential Information

Student's Name: _____

Student's SSN: _____ Date of Birth: _____

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I, _____, request and authorize

(Parent or Guardian) (School Name)

and _____ to provide the cumulative academic file, or any
part of
(School District Name)

the cumulative academic file, of the student named above to

(Advocate's Name)

This authorization applies to inspecting and copying:

- School Records & Information, including transcripts, attendance records, and disciplinary records
- Educational Tests & Results, including end-of-year test and benchmark test results
- Assessments and Records related to Special Education

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(Parent or Guardian's Signature) (Date)