

AUTHORIZATION FOR RELEASE OF EDUCATION RECORDS
Code No. 558E3

The undersigned hereby authorizes _____
the Carroll Community School District to release copies of the following official education records:

concerning _____

(Full Legal Name of Student)

(Date of Birth)

From 20__ to
20__

(Name of Last School Attended)

(Year(s) of Attend.)

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: _____