

AUTHORIZATION FOR RELEASE OF INFORMATION

Westside Community Schools • Office of Student Services

Part 1: Student Information

Last Name		First Name		M.I.	Suffix
Date of Birth	Email			Year Last Attended	
Current Address		City	State	ZIP	Phone

Part 2: Authorization to Release Records to Another School, Entity, or Person

I hereby authorize Westside Community Schools and its employees and agents to disclose records in its possession or control, as indicated in Part 3 below, to the below-named Recipients.

This authorization is valid until _____ (Note: Unless otherwise indicated, I request that this authorization be considered valid for twelve months from the date of signature.)

Recipient 1 Name

Send records via (check all that apply)

Postal Mail Address:	City	State	ZIP
Fax (fax number):			
Email (Email address):			

Recipient 2 Name

Send records via (check all that apply)

Postal Mail (Address)	City	State	ZIP
Fax to (fax number):			
Email to (Email):			

Part 3: Records to Be Released

I authorize Westside Community Schools to disclose the following records and information: (check all that apply)

- High school transcript**
- Permanent Records** (e.g., ID numbers, attendance info, grade level completed, transcripts, immunizations and health info, and FERPA forms)
- Subsidiary Records** (e.g., results of standardized tests, psychological examinations, and diagnostic education evaluations; reports regarding truancy and social workers' case management; anecdotal records; FERPA forms; etc.)
- Discipline Records**
- Special Education Records** (IEPs, etc.)

Part 4: Authorization and Verification of Identity

By signing below, I affirm that I am the above-named student, or the parent or legal guardian of the above-named student who is under the age of 18, and that I have the legal right to request and receive the records indicated. I understand that misrepresenting myself to obtain records is prohibited by law and, as such, subject to criminal prosecution.

Signature of Student (or Parent if Student is under 18)	Date
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For release of records by Westside Community Schools, notarized signature is required to verify identity if form not submitted in person.

STATE OF _____)
COUNTY OF _____)

Before me, a Notary Public, qualified in and for said county, personally came _____, proven to me to be identical person, and signed in my presence.

Witness my hand a notarial seal on this _____ day of _____, 20 ____.

(SEAL) _____ Notary Public