

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

The undersigned hereby authorizes Waterloo Community School District to release copies of the following official student records:

_____ concerning _____, _____
(Full Legal Name of Student) (Date of Birth)

_____ from _____ to _____
(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: _____

ADOPTED: 8/4/00

Reviewed: 10/7/04, 5/27/08, 6/1/09, 6/9/14, 5/2/19