AUTHORIZATION FOR RELEASE OF EDUCATION RECORDS

The undersigned hereby authorizes Waterloo Community School District to release copies of the following official education 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, 11/6/25

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