

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