

PARENT/GUARDIAN AUTHORIZATION FOR RELEASE OF EDUCATION RECORDS

The undersigned hereby authorizes the Bondurant-Farrar Community School District to release copies of the following official education records:

concerning _____
Full Legal Name of Student Date of Birth Student I. D. Number

_____ from 20__ to 20__
Name of Last School Attended (Year(s) of Attendance)

The reason for this request is:

My relationship to the student 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: 06/14/1993

Reviewed: 06/09/1997; 04/09/2001; 03/29/2004; 03/12/2007; 05/09/2011; 5/22/2017

Revised: 04/28/2001; 04/12/2004; 04/09/2007; 06/13/2011; 5/27/2017