

PARENTAL CONSENT FOR RELEASE OF RECORDS

_____, who is my (son) (daughter) (legal ward),
(Name of Student)

intends to transfer from _____ to
(Name of School)

_____, and I grant my permission to
(Name of School)

_____ to release to _____
(Name of School) (Name of School)

his/her student records.

I object to the release of the pupil records of _____.
(Name of student)

(Parent/Guardian Signature)

(Date)