



**PARENT (GUARDIAN) PERMISSION FOR RELEASE OF STUDENT RECORDS**

I am aware of my rights under the provision of the Family Educational Rights and Privacy Act of 1974 (FERPA).

I hereby give my permission to release the records of:

Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Previous School Name and Address:

Date records requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Records to be released:

\_\_\_ Immunization Records

\_\_\_ Transcript of Grades and Credits

\_\_\_ Grades to Date of Withdrawal

\_\_\_ Cumulative Records:

Academic  
Behavioral/Discipline  
Psychological Testing

\_\_\_ Special Education Records

Initial Referral Form  
Current I.E.P.  
Last Evaluation Report and Test Scores

Release Records to:

\_\_\_\_\_  
School  
P.O. Box 568  
Jackson, WY 83001

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Attention: \_\_\_\_\_

\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Student Signature if over 18)