



PARENT (GUARDIAN) PERMISSION FOR RELEASE OF STUDENT RECORDS

I have received a copy 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 & Phone:

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

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

**Records to be released:**

\_\_\_ Immunization Records

\_\_\_ Birth Certificate

\_\_\_ 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:

\_\_\_\_\_  
(Name of School)  
PO Box 568  
Jackson, WY 83001

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

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

Attention: \_\_\_\_\_  
(School Secretary)

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

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

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