

**AUTHORIZATION FOR RELEASE OF EDUCATION RECORDS**

TO:

of any and all information in your possession, custody and/or control pertaining to the education of the undersigned including but not limited to grades, attendance, discipline, extracurricular activities, athletics, nursing or health records, graduation or certification. Such release of the foregoing shall be authorized upon presentation of this authorization or any duplicate or photostatic copy thereof.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
*(Handwritten signature)*

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**SIGNATURE**

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
 ) ss:  
COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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## Notary Public

My Appointment Expires:

