

RELEASE OF INFORMATION

Your signature is required on this form in order to obtain information from the individual/institution

Dear (Name of Parent/Guardian):

named below. Please keep one the school address listed below		your records and returr	n one signed copy to me at
TO:			
Name of Individual/Institu	ution		
Address City/State/Zip Code			
Student's Last Name, First Nam	ne, MI	ID Number	Birth Date
This release is effective immedi The student's parent or legal gu receive a copy of information it	ardian will have the r		
Please send the information che	ecked above to:		
Name/Position	Phone/email		
School			
Address			
City/State/Zip Code			
I understand that the San Diego the Family Educational Rights a student's educational record. T school district for the purpose of	nd Privacy Act (FER) he information will be	PA) and that the inform shared with individuals	ation becomes part of the sworking at or with the
Signature of Parent/Guardian		date	
If you have questions or need a	dditional information,	please contact me at t	he number listed below.
(Name)	(Position)	(Tel	ephone)