

# WICKLIFFE CITY SCHOOLS

## *Parent Authorization for Release/Request of Student Records*

In accordance with Federal and State laws, I hereby authorize the release to the school/ agency/ institution named below the following student records:

- |  |  |
|--|--|
| <input type="checkbox"/> Transcript of Grades    | <input type="checkbox"/> Attendance Records    |
| <input type="checkbox"/> Withdrawal Grades       | <input type="checkbox"/> Psychological Records |
| <input type="checkbox"/> Health Card             |  |
| <input type="checkbox"/> Achievement Test Scores |  |
| <input type="checkbox"/> Other _____             |  |

\_\_\_\_\_  
If a senior, this student would meet graduation requirements this year

- Yes       No

Student's Name	Birthdate	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____	_____
Date	Parent or Guardian Signature

-----  
Please send records to:

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Records may not be disclosed to a third party without parent consent.

The school district may release student information to officers of another school, school system of institution or post secondary education where the student seeks or intends to enroll, or where the student is already enrolled so long as the disclosure is for purposes related to the student's enrollment or transfer. Family Educational Rights and Privacy Act, Title 34, Part 99, Section 99.31 and 99.34.