

EAST ALLEN COUNTY SCHOOLS
CONSENT TO RELEASE EDUCATIONAL RECORDS

SCHOOL: _____

NAME OF STUDENT: _____

STUDENT ID NO. (If applicable): _____

STUDENT'S DATE OF BIRTH: _____

I, a Parent or Guardian of the above-named student, or the above-named student (if over the age of 18 years), hereby authorize _____ (School) and East Allen County Schools to release the following educational records and information (Insert "All" or, if less than "All," identify records or types of records, such as "Academic Transcripts/Grade Information" or "Behavior/Discipline Information."):

to _____
(Name and Address of Person/Agency to Receive Information)

For the purpose of (Any "purpose" is acceptable.):

I understand further that (1) I have the right not to consent to the release of any of my child's, or my, educational records; (2) I have the right to receive a copy of such records released upon request; (3) this consent shall remain in effect until my written revocation is delivered to the principal of the above-mentioned school, and (4) that any such revocation shall not affect any disclosure made by the above-named school or East Allen County Schools prior to the receipt of any such written revocation.

DATE: _____

(Signature of Parent or Guardian)
(If The Student Is Over 18 Years Of Age, The Student Must Give The Consent.)

DATE: _____

(Signature of Student, If Student Is Over 18 Years Of Age.)

REVOCAION OF CONSENT

(Not Valid Until Received By School Principal)

I hereby revoke the consent granted above.

DATE: _____

(Signature Of Parent, Guardian Or Student, If Student Is Over 18 Years Of Age.)
(Must Be Same Parent Or Guardian Who Signed Consent.)

(The form shall be prepared in triplicate with the white copy retained in the school office and the yellow and pink copies returned to the Parent or Guardian granting consent so that the Parent or Guardian can have a copy to use to revoke this consent at a later date.)