

RELEASE FORM

DATE REQUESTED _____ **DATE SENT** _____

I, _____ grant permission for
(Parent/Guardian)

Lake Region Union High School to forward the permanent records

concerning: _____
(Student)

to:

Official Transcript _____ Health Records _____

Latest Grades _____ 504/IEP _____

If student is under age 18, parent or guardian must sign; if student is over 18, he or she must sign.

Authorized Signature _____
(Parent, Guardian, Student)

Address _____
Street City State Zip

IT IS NOT NECESSARY FOR PARENTS TO SIGN A RELEASE WHEN RECORDS ARE BEING PASSED FROM PUBLIC SCHOOL TO PUBLIC SCHOOL. NOTE FEDERAL REGISTER, Thursday, June 17, 1976, Part II HEW – Privacy Right of Parents and Students. Final (Volume 41, #118 – 24673).