

I hereby give the District permission to provide personally identifiable educational record(s), information or data as indicated on the back of this form, to (check box):

- Myself (the person filling out this form)
- Third Party _____

<i>Name</i>	<i>Organization</i>
<i>Number</i>	<i>Street</i>
<i>City</i>	<i>State</i>
	<i>Zip Code</i>

I specifically authorize the District to release the confidential educational record(s), information, or data specified in this written request, made pursuant to law.

- Official Transcript**
(Official Transcripts will be in a sealed envelope, must remain in the envelope in order to be considered official, includes all grades and testing scores)
- Unofficial Transcript**
(Unofficial Transcripts can be sent to the former student.)
- Health Records**
- Requested special education records only** *(may include, but not limited to, Individualized Education Plan (“IEP”), psychological/physiological assessments and therapies)*
- Other/Special Instructions, specify:** _____

I authorize the District to transmit protected educational record(s), information or data via (select one):

- email/fax (provide email address/fax number): _____
- regular mail

Do you require a confirmation email? No Yes

I understand the District will rely on this form both for verification of identity and as authority to provide consent to release confidential educational record(s), information or data. Furthermore, I declare and affirm under penalty of perjury that these statements made herein are true and correct to the best of my knowledge, information and belief. **Signature of Student:** _____

I have signed on the line above AND attached a copy of my government issued id; OR

IF SELECTING TO NOTARIZE INSTEAD OF PROVIDING A GOVERNMENT ISSUED IDENTIFICATION CARD, PLEASE HAVE NOTARY PUBLIC COMPLETE THE SECTION BELOW.

Acknowledgement to Be Completed by a Notary Public

Signature of Student _____ Date _____
(must be signed in front of a notary public)

State of _____) County of _____) S.S.:

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared, personally known to me, or proved to me on the basis of satisfactory evidence, to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

 Notary Public *(Please sign and affix stamp)*