## **Series 500 – Student Personnel**

Policy Title: AUTHORIZATION FOR RELEASE OF STUDENT RECORDS Policy Code No. 505.2E3

The undersigned hereby authorizes Newton Comm following official student records:	unity School District to releas	e copies of	the
concerning			
(Full Legal Name of Student)	Date of Birth		
(Name of Last School Attended)	from 20 to 20 (Year(s) of Attend.)		
The reason for this request is:		_	
My relationship to the child is:			
Copies of the records to be released are to be furnished	d to:		
<ul><li>( ) the undersigned</li><li>( ) the student</li><li>( ) other (please specify)</li></ul>			
(Signature)			

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Date:\_\_\_\_\_

## **Series 500 – Student Personnel**

Address:	
City:	
State:	Zip:
Phone Number:	

Date of Adoption Review Date Revision Date

Legal Ref.:

Cross Ref.:

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