

STEVENSON – CARSON SCHOOL DISTRICT

STUDENT INFORMATION WAIVER AND RELEASE

To: _____
(School or Department)

You may release the following student records concerning _____
(Student's Name)

to _____
(Individual or Agency)

(Address to which records should be sent)

All records

CHECK ONLY ONE BOX

Only those records checked below:

_____ Academic reports

_____ Attendance records

_____ Health Records

_____ Discipline/behavior records

_____ Standardized test scores

_____ Other [Specify _____]

_____]

_____ Special education records

Signature of Parent or Guardian*

Signature of Student

Student's Name (print): _____

Student's Address: _____

City

State

Zip

Student's Phone: (_____) _____ Student's Birthdate: _____

FEE PAID NOTE: The local district may decide whether or not to require a fee to cover the costs of reproducing and mailing the information.

* Parent signature not required if the student is age 18 or older. Required if the student is under 18.