

AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION

Student name \_\_\_\_\_

Student tribal affiliation \_\_\_\_\_

The following information may be requested by outside agencies during the year. The parent or guardian must complete this form and give their signed and dated written permission for the school to release personally identifiable information. The parent or guardian must initial in the space to the left, any items to **NOT** be released.

\_\_\_\_ Transcript

\_\_\_\_ Attendance records

\_\_\_\_ State test scores

\_\_\_\_ National college aptitude test scores

\_\_\_\_ Individualized education plan (IEP)

\_\_\_\_ Mailing address

\_\_\_\_ Physical address

\_\_\_\_ Phone number

\_\_\_\_ Date of birth

\_\_\_\_ Height and weight for athletic participation

\_\_\_\_ Photographs to the media: newspaper, television

\_\_\_\_ Photographs to the internet including but not limited to school websites

\_\_\_\_ Tribal affiliation

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
relationship to student

\_\_\_\_\_  
date