

RELEASE OF STUDENT RECORDS

I, _____ (name), give my permission and request the release of student record information of my child _____ (child's name) to be provided to me electronically by the District. The specific information and/or records requested are:

I understand that the transmittal of this material may not be available by secure methods and may be capable of observation, interception, or monitoring by others. Further, I understand the District cannot guarantee that the records will be received only by the requester at the e-mail address provided. I request that the student record information request above be sent to _____
_____ my electronic e-mail address.

Student's Parent or Guardian: _____

Home Address: _____

E-Mail Address: _____

Date: _____

Home Number: _____

(Parent signature)

The above release assumes that the student records will be sent via e-mail or FAX rather than through direct access to the Internet.