

FARGO PUBLIC SCHOOLS

AF 6910-1

PERMISSION TO RELEASE SCHOOL RECORDS

You are hereby authorized to provide _____ **School**

TELEPHONE: _____ FAX: _____

ADDRESS: _____

with a copy of the school records of

STUDENT'S FULL NAME _____ *DATE OF BIRTH* _____

ADDRESS OF CURRENT SCHOOL _____

STUDENT'S FULL NAME _____ *DATE OF BIRTH* _____

ADDRESS OF CURRENT SCHOOL _____

STUDENT'S FULL NAME _____ *DATE OF BIRTH* _____

ADDRESS OF CURRENT SCHOOL _____

STUDENT'S FULL NAME _____ *DATE OF BIRTH* _____

ADDRESS OF CURRENT SCHOOL _____

STUDENT'S FULL NAME _____ *DATE OF BIRTH* _____

ADDRESS OF CURRENT SCHOOL _____

Please send immediately the entire record of the student(s) listed above. I am aware that these school records are available for my inspection at any time, and that I may receive a personal copy upon request.

SIGNATURE _____ DATE _____

According to the Final Regulations – Family Educational Rights and Privacy Act (Buckley Amendment), June 17, 1976, school officials of other schools in which the student intends to enroll, may receive a student’s record without a written consent for such release.

(Please print and submit form to your school)