



CONSENT FOR RELEASE OF INFORMATION

Print Form

**Office of Teaching and Learning
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
P: (907) 746-9212 || F: (907) 746-9292**

I hereby authorize the Mat-Su Borough School District to release the confidential information noted below regarding my student.

(Student's Last Name) (First) (Middle) (Date of Birth)

Name/School/Organization Authorized to Receive the Information:

Name/School/Organization: _____

Address: _____

City, State, Zip Code: _____

Phone number: _____

Specific information authorized to be released

- Transcripts
- Discipline Records
- Immunization Record
- Special Education Records
- Test Scores
- Attendance Reports
- Withdraw/Transfer Record
- Nurse Health Log Dates: _____ To: _____
- Vision, Hearing, Dental
- Other (please specify _____)

The family Education Rights and Privacy Act (FERPA) does not require permission to release a student's records to an educational institution where the student seeks or intend to enroll.

(Printed Name of Parent/Guardian or Student if over 18 years old or emancipated)

(Signature of Parent/Guardian or Student if over 18 years old or emancipated) Date

Signature verified: _____(staff initials)