## AUTHORIZATION FOR RELEASE OF EDUCATION RECORDS

l,		•	ent/guardian/ c	
over 18), hereby give permission to officials of the V				
			, and/or an	y personally
identifiable information contained in those education	·			
PLEASE USE PAGE TWO OF THIS FORM TO LIST	TWHERE YOU			
NEED THE REQUESTED DOCUMENT SENT				
The education records governed by this waiver shall	include (check a	ll that apply):		
☐ Transcripts, report cards, and other grade rep	orts			
□ Attendance information				
☐ Disciplinary records				
☐ Cumulative file				
☐ Special education file				
☐ Immunization records				
☐ Other health records				
☐ Other (please specify):				
These records may be disclosed (check one):				
☐ Upon the authorized person's request (Complet	te			
this form only once a year)				
☐ One time only request, upon execution of this	<b>;</b>			
consent				
This information is provided for the following purpos	:O:			
☐ To provide relevant information to the Student		er(e).		
☐ To assist in meeting the Student's educational n	•	01(0),		
Other (please specify):				
_ Curior (process operary).	<del></del>			
I understand that I may revoke this authorization at $% \left( 1\right) =\left( 1\right) \left( 1\right) $		• • •		
Wake County Public School System officials. Ab	sent such notic	e, this authorization	n shall expire	at the end of
the current school year.				
I acknowledge that this form constitutes my written cor	nsent to the releas	se of confidential stude	ent records and	/or confidential
personally identifiable information that is protected under th				
law governing the confidentiality of student records and		-		
am more than eighteen (18) years old and that I have auth				
( , , , , , , , , , , , , , , , , , , ,	,	3	,	
Signature of parent/guardian/student if over 18		Date		
Name (please print)		Contact Telephone	Number	
		•		
Address	City	State	Zip	

Date Requested	<b>Document Requested</b>	School, Agency, Etc.	Address	Date Sent	Delivery Method	Initials of Sender
Si necesita serv	icios إذا كنت بحاجه إلى besoir	is avez यदि आपक	T 약교/교육 Neu quy vị 과 과정에 관한 sự thông di	cán 如:	果您需要	