



Submit or Fax this form to:	<i>Office of Student Due Process, Wake County Public Schools 5625 Dillard Drive, Cary NC 27518 ♦ Fax (919) 431-7319 ♦ Telephone (919) 533-7761</i>
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Please Print

Student Name					
Student ID#		High School Name			
Date of Birth		Age		Current Student	<input type="radio"/> Yes <input type="radio"/> No
Parent or Guardian's Name (print)					
Day Number		Evening Number			
Parent or Guardian's Name (print)					
Day Number		Evening Number			

I \_\_\_\_\_ (student's parent/legal guardian name) hereby authorize the Office of Student Due Process of Wake County Public School System to release information regarding the above student's disciplinary record to the school/college/university or business as indicated below for consideration of admission/employment only. *All contact information is required in order for request to be completed.*

**1. School/Business Name:**

**Contact's Name:** \_\_\_\_\_

**School/Business Address:** \_\_\_\_\_

**Fax Number (if applicable):** \_\_\_\_\_

*All contact information is required in order for request to be completed.*

**2. School/Business Name:**

**Contact's Name:** \_\_\_\_\_

**School/Business Address:** \_\_\_\_\_

**Fax Number (if applicable):** \_\_\_\_\_

*All contact information is required in order for request to be completed.*

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

SDP USE	Signature		Date Faxed	/ /
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