



<b>Submit or Fax this form to:</b>	<i>Office of Student Due Process, Wake County Public Schools 5625 Dillard Drive, Cary NC 27518 ♦ Fax (919) 431-7319 ♦ Telephone (919) 431-7303</i>
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Please Print

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

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** \_\_\_\_\_

<b>SDP USE</b>	<b>Signature</b>		<b>Date Faxed</b>	/ /
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