



Submit or Fax this form to:	<i>Office of Student Due Process, Wake County Public Schools 3600 Wake Forest Road, Raleigh NC 27611 ♦ Fax (919) 850-1965 ♦ Telephone (919) 850-1756</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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