

Authorization for Release/Inspection of Student Records**THIRD PARTY**

Date: _____

Name of School: _____

The Woodford County Schools are hereby authorized to:

- Release or copy record
 Permit the inspection of records
 Request records

listed below for _____, who was born on _____.

Student's Name

To/From: _____

Name of Agency or Representative

I understand that the records affected are checked below, along with the reason(s) for the requested release or authorization to inspect.

RECORDS	REASON
<input type="checkbox"/> All cumulative records	
<input type="checkbox"/> Attendance record only	
<input type="checkbox"/> Grade records only	
<input type="checkbox"/> Standardized test data only	
<input type="checkbox"/> Special education records	
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> _____	

This release is effective only for the specified records or types of records on hand as of the date you sign below UNLESS you specifically authorize further release of the specified records or types of records as follows. (Check and initial ONE of the following ONLY if you want to authorize the further release of educational records as indicated.)

- I authorize **on-going release** of the specified records or types of records to the entity/individual specified until student reaches age of 18 unless earlier revoked in writing. (Initials _____)
- I authorize release of the specified records or types of records until the end of the present school year (June 30th) unless earlier revoked in writing. (Initials _____)

*Parent/Guardian's Signature*_____
*Date*_____
*Signature of Student, 18 or Older or Attending Post-secondary Institution*_____
Date

Review/Revised:7/23/12