



**Policy Title: Parental Authorization for
Release of Education Records
Code: 505.6-E3**

The undersigned hereby authorizes the Linn-Mar Community School District to release copies of the following official education records:

concerning _____
Full Legal Name of Student Date of Birth

_____ from _____ to _____
Name of Last School Attended Years of Attendance

The reason for this request is: _____

My relationship to the child is: _____

Copies of the records to be released are to be furnished to:

- () the undersigned
- () the student
- () other (please specify) _____

Signature Date

Address

City State Zip

Phone Number