



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 \_\_\_\_\_