

Consent and Authorization for Release or Inspection of Education Records

Monte Vista School District No. C-8 is hereby authorized to:

Release or Copy _____ Permit the Inspection of _____
the following listed records of _____
_____ (name of student)

_____ to/by _____
(birthdate) (name of individual agency or educational institution)

Check applicable records and specify reason for 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"/> Other (please specify)	_____

The person or agency receiving these records must not transfer the information obtained to any other person or agency without obtaining the written consent of the parent or legal guardian or student if 18 years of age or older.

Pursuant to Public Law 93-380, you are hereby notified that you have the right to inspect educational records, to have a copy of said records if you wish to pay the cost of duplication, and to challenge the content of said records on the grounds that they may be inaccurate, misleading or inappropriate.

This release shall be effective for _____ days from date of signing.

Please check one of the following:

- I certify that I am over 18 years of age, and I am the person who is the subject matter of the records listed above.
- I certify that I am the parent or legal guardian of the person who is the subject matter of the records listed above, and that said person is under the age of 18 years.

Signature: _____ Date _____

Address: _____
