

Board Policy

Code No. 506.1E3

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

The undersigned hereby authorizes Bettendorf Community School District to release copies of the following official student records:

(Full Legal Name of Student)

(Date of Birth)

(Name of Last School Attended)

from 20____ to 20____
(Year(s) 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: _____

*Reapproved: April 6, 2004
March 5, 2007*

Revised: August 6, 2012