

**AUTHORIZATION FOR RELEASE OF INFORMATION**  
Westside Community Schools • Office of Student Services

Part 1: Student Information					
Last Name		First Name		M.I.	Suffix
Date of Birth	Email			Year Last Attended	
Current Address		City	State	ZIP	Phone
Part 2: Authorization to Release Records to Another School, Entity, or Person					
I hereby authorize Westside Community Schools and its employees and agents to disclose records in its possession or control, as indicated in Part 3 below, to the below-named Recipients.					
This authorization is valid until _____ (Note: Unless otherwise indicated, I request that this authorization be considered valid for twelve months from date of signature.)					
Recipient 1 Name					
Send records via (check all that apply)					
Postal Mail Address		City	State	ZIP	
Fax (Fax Number)					
Email (Email Address)					
Recipient 2 Name					
Send records via (check all that apply)					
Postal Mail Address		City	State	ZIP	
Fax to (Fax Number)					
Email (Email Address)					
Part 3: Records to Be Released					
I authorize Westside Community Schools to disclose the following records and information: (check all that apply)					
<b>High school transcript</b>					
<b>Permanent Records</b> (e.g., ID numbers, attendance info, grade level completed, transcripts, immunizations and health info, and FERPA forms)					
<b>Subsidiary Records</b> (e.g., results of standardized tests, psychological examinations, and diagnostic education evaluations; reports regarding truancy and social workers' case management; anecdotal records; etc.)					
<b>Discipline Records</b>					
<b>Special Education Records</b> (IEPs, etc.)					
Part 4: Authorization and Verification of Identity					
By signing below, I affirm that I am the above-named student, or the parent or legal guardian of the above-named student who is under the age of 18, and that I have the legal right to request and receive the records indicated. I understand that misrepresenting myself to obtain records is prohibited by law and, as such, subject to criminal prosecution.					
_____ Signature of Student (or Parent if Student is under 18)			_____ Date		
<b>For release of records by Westside Community Schools, notarized signature is required to verify identity if form not submitted in person.</b>					
STATE OF _____ )					
COUNTY OF _____ )					
Before me, a Notary Public, qualified in and for said county, personally came _____, proven to me to be identical person, and signed in my presence.					
Witness my hand a notarial seal on this _____ day of _____, 20 _____.					
(SEAL) _____					Notary Public