



**POLICY NO. 5500
DISTRICT FORM
STUDENT RECORDS**

RELEASE OF CONFIDENTIAL INFORMATION CONSENT FORM

INFORMATION REQUESTED BY AGENCY OUTSIDE DISTRICT SCHOOL SYSTEM

I hereby authorize the release of appropriate information and records concerning

_____ to _____
(name of child) (name of agency)

Signed: _____
(Parent/Guardian)

Dated: _____

REQUEST BY STUDENT OR PARENT TO SEE STUDENT RECORDS

I, _____ (parent/guardian) of
_____ (name of student)

wish to have access to his/her school cumulative records

am aware of his/her wish to have access to his/her school cumulative records and hereby grant permission to the Principal of the school to make such records available.

Signed: _____
(Parent/Guardian)

Dated: _____

DISTRICT POLICY 5500, Student Records<[LINK](#)>
DISTRICT PRACTICE 5500, Student Records<[LINK](#)>
REFERENCES: [Section 79 School Act](#)

**ADOPTED: December 1996
Amended: June 2002, June 2005, June 2020, February 2021**