



Permission for Release of Records and/or Information Form Records

Student's Name: _____ **DOB:** _____

_____ Withdrawal Form

_____ Official Transcripts

_____ Most Recent Report Cards

_____ Discipline Records

_____ Attendance Forms

_____ Psychological Reports

_____ Other (Specify) _____

The record(s) indicated below is/are to be released to:

Agency: _____ **Contact Person:** _____

Address: _____

The purpose for this release is: _____

I hereby grant permission for the release of the above record (s).

Signature of Parent or Guardian

Date

School/Agency Releasing/Requesting Records

Signature of Authorized Personnel

Title

Date

MLMPI Preparatory Academy is subject to the Family Educational Rights and Privacy Act of 1974 Codified at 20 U -S.C. 1232g. Therefore, all documents contained in a student's educational records, except those specifically waived, are accessible to the parents or eligible student. Personally, identifiable information may be transferred to a third party only on the condition that it not be released to any other parties without obtaining the consent of the parent or eligible student.