

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

My Life My Power Preparatory Academy
School/Agency Releasing/Requesting Records

Signature of Authorized Personnel

Title

Date

My Life My Power 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 students. 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.