

AUTHORIZATION TO COPY ACADEMIC RECORDS

TO: _____

REGARDING: _____

DATE OF BIRTH: _____ SS#: _____

I, THE UNDERSIGNED, HEREBY AUTHORIZE YOU, AND ANY PERSON ASSOCIATED WITH YOU, TO GIVE

OR RECORD COPY SERVICES ANY AND ALL INFORMATION WHICH MAY BE REQUESTED REGARDING THE EDUCATION OF THE ABOVE NAMED. THIS INCLUDES BUT IS NOT LIMITED TO ANY AND ALL RECORDS, REPORTS, NOTES, MEMORANDA OF ATTENDANCE, GRADES, SCHOLASTIC ACHIEVEMENT, EXTRA-CURRICULAR ACTIVITIES, PHYSICAL EDUCATION RECORDS, MEDICAL AND HEALTH RECORDS, THE CUMULATIVE RECORDS FOLDER, PROGRESS RECORDS AND ALL OTHER RECORDS IN YOUR POSSESSION OR CONTROL PERTAINING TO THE EDUCATION OF THE ABOVE NAMED.

ANY COPY OF THIS AUTHORIZATION SHALL BE CONSIDERED AS VALID AS THE ORIGINAL.

STUDENT' S SIGNATURE

DATE

PARENT/LEGAL GUARDIAN SIGNATURE

DATE

PERSONAL REPRESENTATIVE (FOR DECEASED PERSON)

DATE

SUBSCRIBED AND SWORN BEFORE ME _____

NOTARY PUBLIC _____

MY COMMISSION EXPIRES _____