



CENTRAL SERVICES • 970 N. GLENN ROAD • CASPER, WY 82601 • 307-253-5200

AUTHORIZATION TO RELEASE INFORMATION

Student Consent for Educational Records to be released to parent(s), legal guardian(s), other tuition provider(s), or other indicated individual(s)

Student(s) Name(s): _____ School Name: _____

PLEASE READ: In accordance with Family Educational Rights and Privacy Act of 1974 (FERPA), the undersigned student hereby permits Natrona County School District to disclose the information specified below to the following individual(s) or agency(ies) (including name, phone & relationship).

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

The consent shall be valid throughout the student's enrollment in Natrona County School District and thereafter but may be modified or rescinded in writing by student. The parent(s), legal guardian(s), tuition provider(s), or other indicated individual(s) agree that they shall not disclose the specified information to third parties without the student's authorization.

INFORMATION TO BE RELEASED:

The following information from my records at Natrona County School District may be released to the above-specified persons:

- _____ Grades and academic standing (i.e., transcripts)
- _____ Academic information (i.e., attendance, enrollment)
- _____ Discipline records, tuition, and fee status
- _____ Graduation status
- _____ Other, please specify:
- _____ All records and information

I have read and understand the contents of this consent form pertaining to the Family Educational Rights and Privacy Act of 1974.

Student's Signature: _____ Date: _____