

Student Release of Educational Records to Parent/Guardian

Student Name _____

Student ID Number _____

Parent/Guardian Information (Print Clearly and Specify Parent Relationship)

1. Name _____

Email _____

Relationship _____

2. Name _____

Email _____

Relationship _____

3. Name _____

Email _____

Relationship _____

4. Name _____

Email _____

Relationship _____

- Your signature on this form allows your designee(s) to receive information from your academic record (which would include early warning notices regarding attendance issues through the email address) and eliminates the need to contact you each time they request information
- This release will remain in effect until rescinded in writing by the student.

Student's signature _____ **Date** _____