

**AUTHORIZATION OF RELEASE SCHOOL RECORDS**

I hereby authorize the release of records, documents, or other information concerning

\_\_\_\_\_, DOB: \_\_\_\_\_ to  
\_\_\_\_\_, the named individual's attorney and/or his/her  
representative.

This release covers all school records, including but not limited to, records pertaining to discipline, expulsions, suspensions, attendance, grades, transcripts, testing results and special education.

I understand that \_\_\_\_\_ and his/her staff will regard as confidential and privileged any information thus released to them, and will use said information for the sole purpose of assisting me with the legal matters upon which I Have sought their advise and assistance.

A copy of this Authorization shall be as valid as the original. This authorization is effective immediately and expires one year from the date below.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Print full name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Phone number: \_\_\_\_\_