

# CONSENT FOR RELEASE OF STUDENT RECORDS

Shawnee High School is authorized to release a copy of the records of:

Student's Name: \_\_\_\_\_  
(Please include name during time of attendance.)

Date of Birth: \_\_\_\_\_ SS #: \_\_\_\_\_

Year of Graduation \_\_\_\_\_

Please release the following information:

\_\_\_\_\_ Transcript of grades (includes standardized test scores and attendance record)

\_\_\_\_\_ Health/Immunization record

\_\_\_\_\_ Psychological reports (Multifactorial evaluation, IEP, Parent consent, etc.)

\_\_\_\_\_ All personally identifiable data

\_\_\_\_\_ Other: \_\_\_\_\_

Please send to:

\_\_\_\_\_ Name

\_\_\_\_\_ Street

\_\_\_\_\_ City, State, Zip

Student's Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_  
(This signature is required of all students under 18 years of age.)

Date: \_\_\_\_\_

FOR SCHOOL USE ONLY

Date Data Released \_\_\_\_\_ By \_\_\_\_\_

Date Data Mailed \_\_\_\_\_ By \_\_\_\_\_