

## Authorization for Release of Student Records

To: The Custodian of Pupil Records

Previous School: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax: (     ) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_

In accordance with FERPA, the above named school or school district is hereby authorized to release to the identified school personnel all cumulative records, including standardized test data, official transcripts, health and immunization records as well as Special Services Information and release from Power School (if applicable).

Name of Child	Grade	D.O.B.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In accordance with the above authorization, please send school records for the child listed above to:

School: **Delta VISION Home & Community Program**

**1080 Pioneer Road, Delta, CO 81416**

**Ph. (970) 874-8226 Fax (970) 874-8336**

Custodian of Pupil Records: **Data Administrator**

\_\_\_\_\_

Signature of Parent/Guardian/Student

(Eighteen Years or Older)

\_\_\_\_\_

Date