



AUTHORIZATION TO RELEASE SCHOOL RECORDS

Child's Name: _____

Child's Date of Birth: _____

As the parent/legal guardian of the child named above, I give my permission for
_____ school personnel to release the following
(Name of school district)

Information to Teen REACH staff:

- Quarterly grade reports
- Attendance records
- Discipline records (detentions and suspensions)
- Notice of promotion or retention

This authorization is valid while my child is enrolled in the Teen REACH program.

I understand that I may revoke my permission at any time.

Parent/Guardian Signature

Date