



CONSENT TO RELEASE INFORMATION

TO: _____ Re: _____

_____ Date of Birth: _____

Educational, psychological, medical, disciplinary, behavioral, and special education information/records of the above-named student **may be exchanged between:**

_____ and _____

Please provide a copy of all educational, psychological, medical, disciplinary, and special education records of the above-named student. **Send the records to the address indicated below:**

A copy of this letter shall have the same authority as the original
Thank you for your cooperation.

California Education Code, Article 5, Section 49076: Regarding the "Release of School Records":
"A school district is not authorized to permit access to pupil records to any person without parental consent or under judicial order except that:

(A) Access shall be permitted to the following:
Officials and employees of other public schools or school systems including local, county, or state correctional facilities where educational programs leading to high school graduation are provided. Where the pupil intends to or is directed to enroll subject to the rights of parents is provided in Section 49068.

Pursuant to the above, please forward a complete transcript including withdrawal grades and an explanation of your grading system; the cumulative folder, health record, and special education records to the above address.

Father, Mother, Guardian
Circle appropriate relationship

Date