

EAST ALLEN COUNTY SCHOOLS  
NEW HAVEN, INDIANA 46774

**REQUEST FOR CONSENT TO RELEASE STUDENT RECORDS TO THIRD PERSON**

Dear Parent (Student):

We have received a request from \_\_\_\_\_  
(Name of requesting individual, agency, etc.)  
for a copy of (access to) the following records pertaining to \_\_\_\_\_.

General Identifying Data \_\_\_\_\_  
Name, address, birthdate,  
grade level completed, grades,  
class standing, attendance

Academic Records \_\_\_\_\_  
Psychological Records \_\_\_\_\_  
Health Records \_\_\_\_\_  
Other \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
Principal

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Please indicate below whether you are willing for us to comply with this request.

\_\_\_\_\_ may have a copy of (access to) the following records  
Name of requesting party  
pertaining to \_\_\_\_\_.

Specific record(s) to be released:

General Identifying Data \_\_\_\_\_  
Name, address, birthdate,  
grade level completed, grades  
class standing, attendance

Academic Records \_\_\_\_\_  
Psychological Records \_\_\_\_\_  
Health Records \_\_\_\_\_  
Other \_\_\_\_\_

The reasons for such release are: \_\_\_\_\_  
(job application, scholarship, etc.)

Copies

\_\_\_\_ Please send a copy of the record(s) to be released to me.

\_\_\_\_ Please give a copy of the record(s) to be released to the above mentioned student.

Date \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature