

Parent Authorization Form for Child's School Records Release

Download this **parent authorization form** sample to easily grant permission for your child's school records release. This document ensures privacy and compliance with school regulations. Use it to streamline the transfer of academic information securely and efficiently.

Parent/Guardian Full Name:

Child's Full Name:

Child's Date of Birth:

Current School Name:

School to Receive Records:

Records to be Released (please specify):

Authorization Statement:

I hereby authorize the release and transfer of my child's school records as specified above. I understand this information will be handled in accordance with all applicable privacy laws and school policies.

Parent/Guardian Signature:

Date:

Note: Please submit this completed form to your child's current school administration for processing.