

# Authorization for Release of Educational Information

This form allows students or guardians to grant permission for educational records to be shared with specified individuals or organizations. This document ensures compliance with privacy laws and facilitates the secure transfer of academic information.

**Student Name:**

**Student ID/Number:**

**Date of Birth:**

**I authorize the release of my educational information to the following individual(s) or organization(s):**

**Type of Information to be Released (check all that apply):**

- ☐ Academic Records
- ☐ Attendance
- ☐ Disciplinary Records
- ☐ Other

**Purpose of Disclosure:**

**Duration of Authorization:**

- ☐ One-time only
- ☐ Ongoing until revoked in writing

**By signing below, I acknowledge that I understand the information to be released and the purpose of this disclosure. I am aware that I may revoke this authorization at any time by providing written notice.**

**Signature of Student/Guardian:**

**Date:**