

## AUTHORIZATION TO COPY ACADEMIC RECORDS

TO: \_\_\_\_\_

REGARDING: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SS#: \_\_\_\_\_

I, THE UNDERSIGNED, HEREBY AUTHORIZE YOU, AND ANY PERSON ASSOCIATED WITH YOU, TO GIVE

\_\_\_\_\_

OR RECORD COPY SERVICES ANY AND ALL INFORMATION WHICH MAY BE REQUESTED REGARDING THE EDUCATION OF THE ABOVE NAMED. THIS INCLUDES BUT IS NOT LIMITED TO ANY AND ALL RECORDS, REPORTS, NOTES, MEMORANDA OF ATTENDANCE, GRADES, SCHOLASTIC ACHIEVEMENT, EXTRA-CURRICULAR ACTIVITIES, PHYSICAL EDUCATION RECORDS, MEDICAL AND HEALTH RECORDS, THE CUMULATIVE RECORDS FOLDER, PROGRESS RECORDS AND ALL OTHER RECORDS IN YOUR POSSESSION OR CONTROL PERTAINING TO THE EDUCATION OF THE ABOVE NAMED.

ANY COPY OF THIS AUTHORIZATION SHALL BE CONSIDERED AS VALID AS THE ORIGINAL.

\_\_\_\_\_  
STUDENT' S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PERSONAL REPRESENTATIVE (FOR DECEASED PERSON)

\_\_\_\_\_  
DATE