

## REQUEST FOR RELEASE OF STUDENT RECORDS

I hereby give permission to Central R-III High School to release my student records to:

Facility Name: \_\_\_\_\_

Attention: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

I understand that my records include results from group-standardized tests taken at Central R-III High School and/or sent to the high school at my request.

Name (as shown on school records): \_\_\_\_\_  
(Last) (First) (Middle Initial)

Soc. Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

Year last attended: \_\_\_\_\_

Present Phone Number: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

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