**Authorization for Release of Student Records**

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| --- | --- |
| Date of Request: |       |
| **School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

*The information from the records of the following Student (“Student”) is requested. Student name must match the name of the person signing this Authorization*

|  |  |  |
| --- | --- | --- |
| Student Name: | First, Middle, Last |            |
| Address: | Street Adress |  |
|  | City, State, Zip |  |
| Phone: | Phone |  |
| Email | Email |  |

*The following records for the above-named Student are hereby requested to be released (“Student Records”). Check all that apply*

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| --- |
| **Course Title/Description:** |
| [ ]  | Start Date |  | [ ]  | Completion Date (if applicable)  |
| [ ]  | Enrollment/Registration Data (if applicable) |  | [ ]  | Test data and scores |
| [ ]  | Attendance Records (if applicable) |  | [ ]  | Payment Information |
| [ ]  | Log-in records (if applicable)  |  | [ ]  | Course Progress |
| [ ]  | **Other: (Please describe)** |

*The Student records are to be released to the following person/entity at the address indicated below (“Recipient”). If an email address is provided, the Student records may be released via email.*

|  |  |
| --- | --- |
| Company Name (if applicable) |  |
| Address |  |
| Name of person receiving the records |  |
| Email |  |
| Purpose for which records are being released |  |

I, the undersigned Student, hereby authorize the School to disclose and release the Student Records to the Recipient. This release shall be effective until (Date:) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ unless a written revocation signed by me is received by the School.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BELOW FOR NOTARY USE ONLY – NOT VALID WITHOUT COMPLETED ACKNOWLEDGEMENT BY NOTARY**

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

On the \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_, before me, the undersigned, personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, personally known to me or provided to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity, and that by his/her/their signature on the instrument, the individual executed the instrument.

Witness my hand and official seal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My commission expires on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_