

AUTHORIZATION FOR RELEASE OF PUPIL RECORDS

Please complete this form, and mail or fax back.

Student's Name: _____
(Maiden name if applicable; name used when you attended school)

Birth Date: _____

Address: _____

Phone: _____

LAST SCHOOL ATTENDED IN THE DISTRICT: _____

DATE OF GRADUATION OR WITHDRAWAL FROM THE DISTRICT: _____

I hereby request and authorize the Flagstaff Unified School District to release pupil records or other pertinent information you may have, or may receive, pertaining to this student. This is in compliance with the "Family Educational Rights and Privacy Act of 1974.

When a student has reached eighteen years of age, the permission or consent required of and the rights accorded to the parents of the student shall thereafter be required of and accorded to the student.

Signature of Parent or Guardian or Student's signature if over 18 years of age

Date

Address/Name of Institution to be mailed to: _____

Special Instructions: (i.e. requesting medical info. only; High School Transcripts only; transcripts to be official or unofficial; please mail; please call when ready, etc....)

Records request for deceased persons:

- An original Death Certificate must be presented. A copy will be made and the original given back to you.
- If a spouse of a deceased person requests records, an original Marriage License and original Death Certificate must be presented. Copies will be made, and originals given back to you.
- If a parent of a deceased person requests records, an original Birth Certificate and original Death Certificate must be presented. Copies will be made, and originals given back to you.

In all cases, person picking up records should present identification (i.e. Driver's License).