

AUTHORIZATION TO RELEASE SCHOOL RECORDS

In accordance with the "Family Educational Rights and Privacy Act of 1974", the following school record information may be released or reviewed as specified below:

I authorize _____

Name of previous school and complete address

to release confidential school record information on the following student/s:

Name _____	Grade _____	DOB _____
Name _____	Grade _____	DOB _____
Name _____	Grade _____	DOB _____
Name _____	Grade _____	DOB _____

as specified below to :

**TRI-VALLEY MIDDLE/HIGH SCHOOL
46450 252ND STREET
COLTON, SOUTH DAKOTA 57018**

TELEPHONE 605-446-3538 or 605-543-5500

FAX 605-446-3520

Only information checked may be released and reviewed.

- Grades and Class Rank (Report Cards & Transcript)
- Attendance Record
- Age & Birth Record (Birth Certificate)
- Ability and Achievement Tests
- Credits Earned and Courses Taken
- Health Information (Immunization Records)
- Parent and Guardian Information
- Individual Psychological Test or Special Testing information (Current IEP)

The above permission is granted by _____

Relationship to Student/s

Parent/Guardian _____

Address _____

Telephone _____

Date _____