

AUTHORIZATION FOR RELEASE OF INFORMATION

Mt. Vernon Township High School

320 S. 7th St.

Mt. Vernon, IL 62864

I, the undersigned, hereby authorize Mt. Vernon Township High School District 201, Mt. Vernon, Illinois to release the following information in the permanent student record file of:

_____ *Student's Full Name (Printed or Typed)* _____ *Date of Birth* _____ *Year Graduated*

If request is made for records of someone over the age of 18, that person must be the one making request.

My relationship to the above named student is: _____ parent _____ guardian _____ self

This request is for:

- ___ High School Transcript
- ___ Attendance and Disciplinary Records
- ___ Health Records
- ___ All School Information on File
- ___ Individual Psychological Test or Special Testing Information

Other _____

The above information may be reviewed:

- ___ As long as necessary
- ___ Only from _____ *date* to _____ *date*

This information is to be released to:

I hereby release Mt. Vernon Township High School District 201, the Board of Education, Administration, Faculty, and Staff, individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request for information or any other attempt to comply with it.

THESE ARE CONFIDENTIAL RECORDS AND ARE NOT TO BE SHOWN TO ANY OTHER THIRD PARTY WITHOUT PERMISSION OF THE PERSON AUTHORIZING THIS RELEASE

(Authorizing Signature - Full Name)

Date

(Full Name - Printed or Typed)