

MURRAY CITY SCHOOLS
Department of At Risk Programs
147 East 5065 South
Murray, UT 84107
Telephone (801) 264-7400 Fax (801) 264-7427

AUTHORIZATION FOR RELEASE OF RECORDS

I. Student's Name _____ **Birthdate** _____

I authorize the release of the following records:

- | | |
|----------------------------------|---|
| <input type="checkbox"/> Social | <input type="checkbox"/> Educational (including testing data) |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Other _____ |

I request that the information be kept confidential, be used for professional reasons only, and not be released to another individual or organization unless authorized by me.

Signed _____ Date _____
 Parent Guardian Self

II. Information to be released from:

III. Information to be released to:

School, Department, Agency

Address

City, State, Zip

Contact Person

Telephone Fax

School, Department, Agency

Address

City, State, Zip

Contact Person

Telephone Fax

INSTRUCTIONS:

- Section I** should be completed by the parent, guardian, or person requesting the information.
- Section II** should specify name and address of school or organization holding records.
- Section III** should specify name and address of person and/or school to which records are to be sent.

Use This Form When:

Releasing information to other organizations or obtaining information from other organizations.