



# Buckeye Union School District

## Authorization to Release Information

To: \_\_\_\_\_  
 (Name of School Previously Attended) (Phone Number)

\_\_\_\_\_  
 (Mailing Address) (City) (State) (Zip Code)

The following student(s) have enrolled in our school. Please forward the cumulative records, confidential records, and any health information to the school listed above.

_____	_____	_____
Student's First and Last Name	Birth Date	Grade
_____	_____	_____
Student's First and Last Name	Birth Date	Grade
_____	_____	_____
Student's First and Last Name	Birth Date	Grade

### AUTHORIZATION TO RELEASE INFORMATION

I hereby give \_\_\_\_\_ School my consent to obtain any confidential information in my child's cumulative record, and request you to forward the same to the school at the address listed above.

I understand that I have the right to review a copy of the record if desired and have an opportunity to challenge the content of the record.

\_\_\_\_\_  
 Parent/Guardian Signature Date