

AUTHORIZATION FORM TO RELEASE SCHOOL RECORDS

I, _____, hereby authorize Terrebonne Parish School Board to obtain release of school records, medical, social, or other information concerning my son and/or daughter:

Child's Name	Grade	Child's Name	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

From: _____ / _____ / _____ / _____ / _____
School Address City State Zip

Date: _____

Signature: _____

Witnessed by: _____

Address: _____

Mailing _____

Address: _____

Please mail these records including any special education documentation to:

_____ / _____ / _____ / _____ / _____
School Address City State Zip
R-301