2018-2019 3rd Party Access to Student Records

Parental Authorization for 3rd Party Access to Student Records

ALL SECTIONS AND INFORMATION MUST BE COMPLETELY AND ACCURATELY FILLED OUT FOR CONSIDERATION.

STUDENT

Last	First	MI	Student's Date of Birth	Student Grade

PARENT/GUARDIAN INFORMATION

Parent or Guardian Name	Street	Apt	City	State	Zip

Please Print:

I, _____, legal/custodial parent of _____have hereby given

_____ access to the following for my son/daughter.

Please initial all that apply:

_____ Permission to sign this student in or out of classes

_____ Permission to excuse absences for this student

_____ Permission to review the permanent records of this student

_____ Permission to enroll this student

_____ Permission to discuss this student's grades with teachers

_____ Permission to withdraw this student

_____ Other – Please specify: _____

I hereby attest that I have the legal custody of the above named student and that the information given is true to the best of my knowledge.

Signature of (parent/guardian) Affiant _____

Typed or Printed Name of Affiant _____

STATE OF TEXAS
COUNTY OF _____
SUBSCRIBED AND SWORN TO ME on this, the _____ day of _____ , 20_____ .
(Month) (Year)

_____
Signature - Notary Public, state of Texas