

**STUDENT RECORDS**

**JRA-E-1**

**STUDENT RECORDS RELEASE FORM**

I hereby authorize the Superintendent of the Seaford School District or a designated representative to release the following records.

Records to be released:

- Complete file (Containing all attendance, academic, behavior, health records)
- Grades and/or class standing
- Health records
- All information necessary to support application or transfer to any school, college, or university
- Any records required by a potential employer
- Other: \_\_\_\_\_

For specified release to:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Reason(s) for release:

- Employment application
- Transfer to other school or school system
- Inspection by parents or student
- Other \_\_\_\_\_

Parents or eligible students should contact the school if they desire a copy of records prior to their transfer.

\_\_\_\_\_  
Student's name

\_\_\_\_\_  
Student's date of birth

\_\_\_\_\_  
Students signature (if 18 or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Current address

\_\_\_\_\_  
Released by (Title)

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Date of release

There shall be no further transfer of these records to other agencies or individuals without the written consent of the parents or of the eligible student (18 years or older).

EFFECTIVE: 10/17/88  
REVISED: 8/19/08