

Date: _____

To Whom It May Concern:

I, _____, parent/legal guardian of
_____ do hereby give permission to
release my child's (children's) permanent records to myself.

Please mail the complete record or copy thereof to:

_____ Name
_____ Home School Name (if you use one)
_____ Street or PO Box Address
_____ City, State, and Zip

Parent or Legal Guardian's Signature

Date

If you should have any questions or need additional information you may contact me at my home
telephone number, _____.

Thank you in advance for your kind assistance in this matter.

Sincerely,

(Parent or Legal Guardian's Signature)