



Parshall Elementary School
211 1st Ave NW
PO Box 69
Parshall, ND 58770
701-862-3417
Fax: 701-862-3419

▶ Fax

DATE: _____

Authorization to Release Student Information

Student Name	Date of Birth	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Authorization is given to the Parshall School District to receive all of the following information concerning the above student(s):

- | | | | |
|----------------------|--------------------------|--|---------------------------|
| Transcripts | Standardized Test Scores | Attendance | Special Education Records |
| Immunization Records | Birth Records | Other Information Concerning The Student | |

Comments: _____

The educational information will be received from:

School Name: _____

Address: _____

City, State, Zip Code: _____

Phone: _____

Fax: _____

I hereby swear that I am a parent/guardian with legal authority to authorize transfer of information for the above student.

Parent/Guardian Signature: _____ Date: _____

Print Name of Parent/Guardian: _____

Current Address: _____