



AUTHORIZATION FOR RELEASE OR TO OBTAIN INFORMATION

I hereby give permission to the Glencoe Public Schools to release or obtain confidential information regarding: _____
Student Name

to/from: _____
AGENCY/PROFESSIONAL TELEPHONE NUMBER

at: _____
STREET ADDRESS CITY STATE

I understand that I have the right to:

1. Limit the access and dissemination of the contents of my child's student records;
2. Inspect and obtain copies of any information contained in the records prior to its release;
3. Challenge the contents of any information contained in student records for accuracy, relevancy and/or priority.

DATE

SIGNATURE OF PARENT/GUARDIAN

DISTRICT REPRESENTATIVE

STUDENTS 12 – 17 YEARS OF AGE