

Van Buren County Community School District

1313 1st Street
Keosauqua, IA 52565
Phone: 319-293-3334
Fax: 319-293-3301

PARENTAL AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

The undersigned hereby authorizes _____ School District to release copies of the following official education records:

_____ concerning _____
(Full legal name of student) (Date of Birth)

_____ From 20 ____ to 20 ____
(Name of last school attended) (Year(s) of attendance)

The reason for this request is: _____

My relationship to the child is: _____

Copies of the records to be released are to be furnished to:

Van Buren County CSD
Douds Center
1313 1st Street
Keosauqua, IA 52565
Fax: (641) 936-4619

Van Buren County CSD
Harmony Center
1313 1st Street
Keosauqua, IA 52565
Fax: (319) 592-3690

Van Buren County CSD
Middle School/High School
1313 1st Street
Keosauqua, IA 52565
Fax: (319) 293-3345

Signature

Date

Address: _____

Telephone: _____