

STUDENT RECORDS RELEASE

Belmont- Harrison Juvenile District Gender Specific Program

TO: _____

RE: _____

AGE: _____ BIRTHDATE: _____

FROM: _____

We are requesting the following information/records for the above-named student:

IEP
The following records only: (please specify)

Reason for request: (please check)

To aid in present and future educational decisions.
 Other: (please specify)

With the understanding that the district cannot assume responsibility for the confidentiality of educational information regarding the above-named student in the manner indicated.

(Signature of parent/guardian or custodian)

(Date)