Kaibab Paiute Education Department

AUTHORIZATION TO RELEASE SCHOOL RECORDS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School Year | | | 2019-2020 | | |
| Student Name | | | | Grade | |
|  | | | |  | |
|  | | | |  | |
|  | | | |  | |
|  | | | |  | |
| I request and authorize the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District and all employees thereof to release school records for the student(s) named above to: | | | | | |
|  | Name: | | The Kaibab Paiute Tribe’s Education Director & Tutors | | |
|  | Address: | | HC 65 Box 2 | | |
|  | City: | | Fredonia, Arizona 86022 | | |
| This request and authorization apply to: **(please check all that apply)** | | | | | |
|  | | 🞎 All school records  🞎 Online Grade Information  🞎 Other | | | |
| Parent Signature: | | | | | Date Signed: |