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: |