Kaibab Paiute Education Department

AUTHORIZATION TO RELEASE SCHOOL RECORDS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student’s Name: | | |  | | |
| School Term | | | 2017-2018 | | |
| Grade | | |  | | |
| I request and authorize | | | | | The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District and all employees thereof | | | | | | |  |
| to release school records for the student named above to: | | | | | | | | | | | | |
|  | Name: | | The Kaibab Paiute Tribe’s Education Director & Tutors | | | | | | | | | |
|  | Address: | | | HC 65 Box 2 | | | | | | | | |
|  | City: | | Fredonia | | | | State: | Arizona | Zip Code: | | 86022 | |
| This request and authorization applies to: **(please check all that apply)** | | | | | | | | | | | | |
| 🞎 All school records  🞎 Online Grade Information | | | | | | | | | | | | |
| 🞎 Other | |  | | | | | | | | | | |
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|  | | | | | | | | | | | | |
| Parent Signature: | | | |  | | | | Date Signed: | |  | | |
|  | | | | | | | | | | | | |
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**Parents please fill out one form for each of your students. Thank you!**